

Inuulitsivik Health Centre

# ANNUAL REPORT

## 2019-2020



Published by the Inuulitsivik Health Centre  
764 Sivuarapik Street, Puvirnituk QC J0M 1P0

**Welcome to**  
the Annual Report 2019-2020  
of the Inuulitsivik Health Centre



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## LIST OF ABBREVIATIONS USED

AM	Application of measures
CAFE	<i>Crise-Ado-Famille-Enfance</i> / Crisis-Adolescence-Family-Child
CLSC	<i>Centre local de services communautaires</i> / Local Community Service Centres
DCS	Direction/Director of Community Services
DFMIR	Direction/Director of Financial, Material, and Informational Resources
DHR	Direction/Director of Human Resources
DoN	Direction/Director of Nursing
DPHS	Direction/Director of Professional and Hospital Services
DTS	Direction/Director of Technical Services
DYP	Direction/Director of Youth Protection
EAP	Employee Assistance Program
EO	Evaluation/Orientation
FASD	Fetal Alcohol Spectrum Disorder
FEJ	<i>Famille-Enfance-Jeunesse</i> / Family-Child-Youth
HR	Human Resources
IHC	Inuulitsivik Health Centre
INSPQ	<i>Institut national de santé publique du Québec</i> / Quebec's National Institute of Public Health
IPC	Infection Prevention and Control
KRPF	Kativik Regional Police Force
MRSA	Methicillin-resistant Staphylococcus Aureus
MSSS	<i>Ministère de la santé et des services sociaux</i> / Ministry of Health and Social Services
NRBHSS	Nunavik Regional Board of Health and Social Services
PLA	People with Loss of Autonomy
SIPPE	<i>Services intégrés en périnatalité et pour la petite enfance</i> / Integrated perinatal and early childhood services
STBBIs	Sexually Transmitted and Blood-borne Infections
TB	Tuberculosis
WHO	World Health Organization

# A WORD FROM THE EXECUTIVE OFFICE



For the Inuulitsivik Health Centre 2019-2020 Annual Report, we would first like to highlight our collaboration with the Quality, Evaluation, Performance and Ethics team of the Nunavik Regional Board of Health and Social Services, which has resulted in a constant improvement in the quality of the information transmitted, essential to provide an accurate portrait of the actions accomplished within our organization. This new iteration of the annual report also continues our efforts to comply with the instructions of the Minister of Health and Social Services, and we are delighted to be able to satisfy almost all of them from now on.

In 2019-2020, several of our management teams have been consolidated, in addition to welcoming new resources, resulting in a strengthening of their services. One example is the development of the Acting Early program, aimed at ensuring the rapid screening and support of children aged 0-5 years with neurological delays and developmental disorders. Piloted jointly by our community and hospital services, the program has been culturally adapted to ensure adequate acceptance and participation of the Inuit population. Moreover, since physical and mental health are intrinsically linked, the Inuulitsivik Health Centre is pleased to announce the strengthening of mental health services, including a strong presence of the mobile team of psychologists throughout 2019-2020. Much more work will have to be done at the regional and provincial levels to increase the availability of mental health services in Nunavik, which are still very limited.

A real wind of change began to blow through the organization in 2020, which also welcomed a new Executive Director, Mr. Andy Moorhouse, earlier this year. With shared momentum and vision, the IHC Board of Directors and Executive Management are committed to Inuit ownership of the organization and its services. Several actions have been undertaken to increase the hiring of local employees, in addition to improving the explanation and communication of the services offered, in order to establish a strong bond of trust between the communities and the IHC.

At the beginning of 2020, the IHC was hit by two major unforeseen events: the fire at the Puvirnitug hospital and the COVID-19 pandemic. In these important situations, the staff of the Inuulitsivik Health Centre showed great solidarity, mobilization and availability, great human and

professional qualities, which were demonstrated in the exceptional collaboration of our directions, some of them performing tasks beyond their usual assignments, to quickly restore situations and maintain the services offered to the population. We are grateful for everyone's efforts and would like to extend our warmest thanks to all the staff members of the IHC, who have been and are essential in protecting the health and well-being of the communities. A thought also goes out to our regional partners who have been responsive, available and attentive, and have given us their support during these events.

At the time of writing this, the situation regarding the COVID-19 pandemic, although under control in Nunavik, remains uncertain. Our teams are adapting to the rapidly changing government and public health directives. As part of our ongoing efforts to protect Nunavimmiut, the Inuulitsivik Health Centre and all CLSCs on the Hudson Bay coast have taken numerous steps to adapt our facilities and ensure that we can provide our users with essential safe health and social services, at all times. In addition, we are making sure to deploy a consistent communication plan to keep communities informed on a daily basis during these difficult times.

In 2020-2021, every effort will continue to be made to always protect our users and workers, and to ensure that the spread of the virus within communities is stopped.

**Andy Moorhouse**  
Executive Director

**Josepi Padlayat**  
Chairman – Board of Directors



# DECLARATION REGARDING THE RELIABILITY OF DATA

As Executive Director, I am responsible for ensuring the reliability of the information contained in this annual management report.

Throughout the year, reliable information systems and control measures were maintained, in particular by the Quality, Evaluation, Performance and Ethics team of the Nunavik Regional Board of Health and Social Services, to ensure that the objectives of the management and accountability agreement signed with the Minister of Health and Social Services were met.

Results and data from the Inuulitsivik Health Centre's annual management report for the 2019-2020 fiscal year:

- accurately describe the institution's mission, mandates, responsibilities, activities and strategic directions;
- set out the objectives, indications, targets to be achieved and the results obtained;
- present accurate and reliable data.

I therefore declare that, to the best of my knowledge, the data contained in this annual management report and the controls relating to this data are reliable and that they correspond to the situation as it stood on March 31, 2020.

**Andy Moorhouse**  
Executive Director  
*Inuulitsivik Health Centre*

# Presentation of the organization and highlights







Hudson Bay

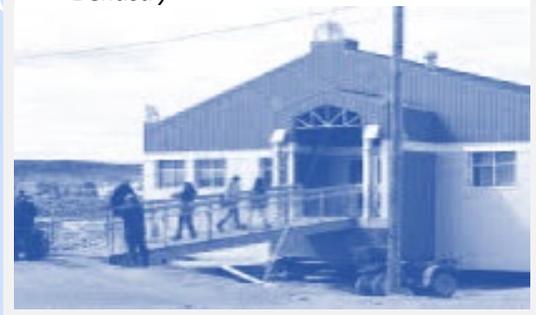


A health centre (hospital) based in Puvirnituaq, which offers **front-line and second-line health and social services.**



A local community service centre (CLSC) in each village that offers:

- *Community Services*
- *Social services*
- *Professional and hospital services*
- *Youth Protection services*
- *Maternity wards (Puvirnituaq, Inukjuak, Salluit)*
- *Dentistry*



The IHC also manages **the provision of services** in Montreal, at Ullivik (in Dorval). Ullivik is a regional project that benefits all clients in Nunavik - it provides :

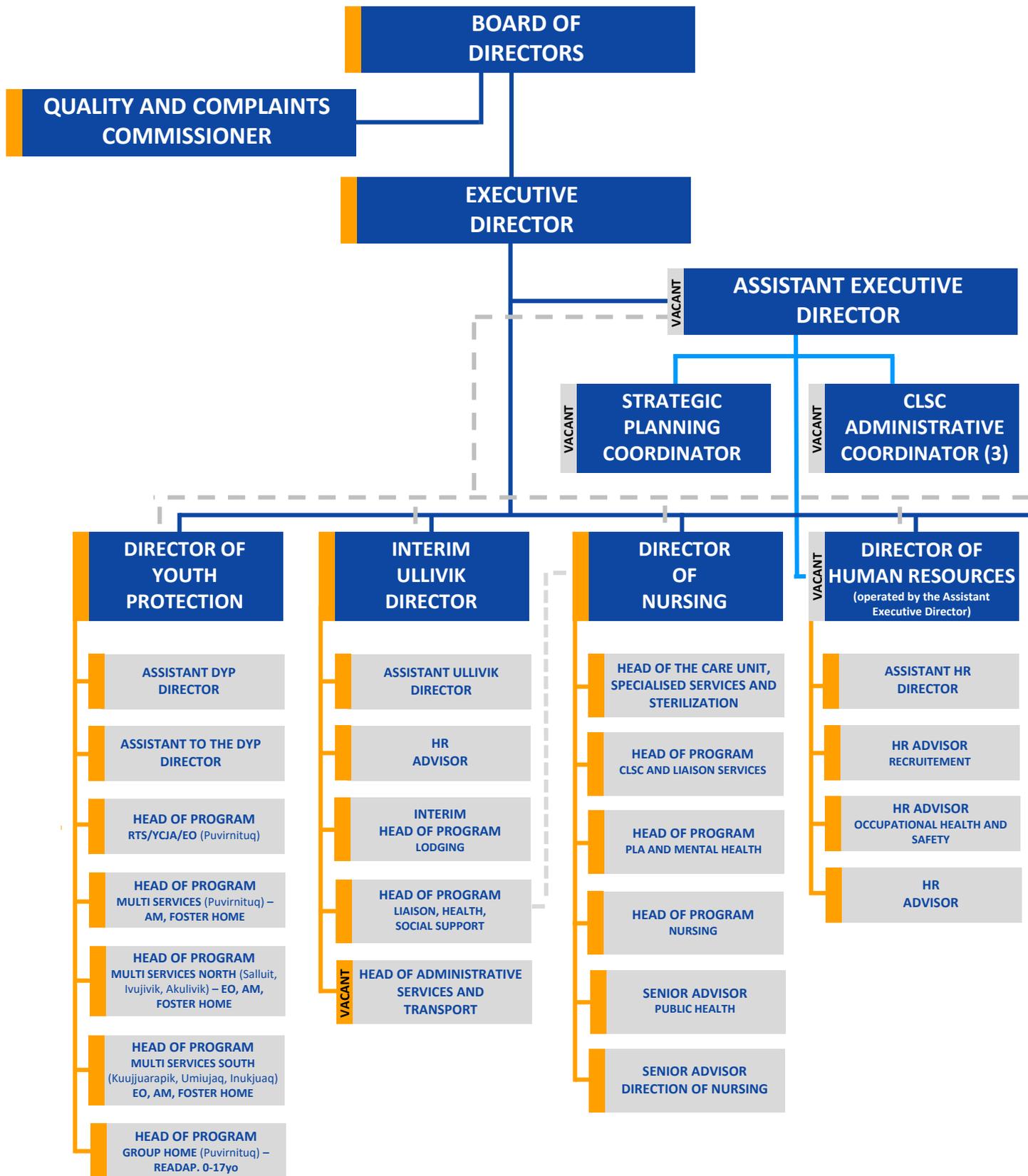
- *Accommodation*
- *Food*
- *Transport*
- *Translation services*
- *Social support*

while our patients are in Montreal for specialized health services.



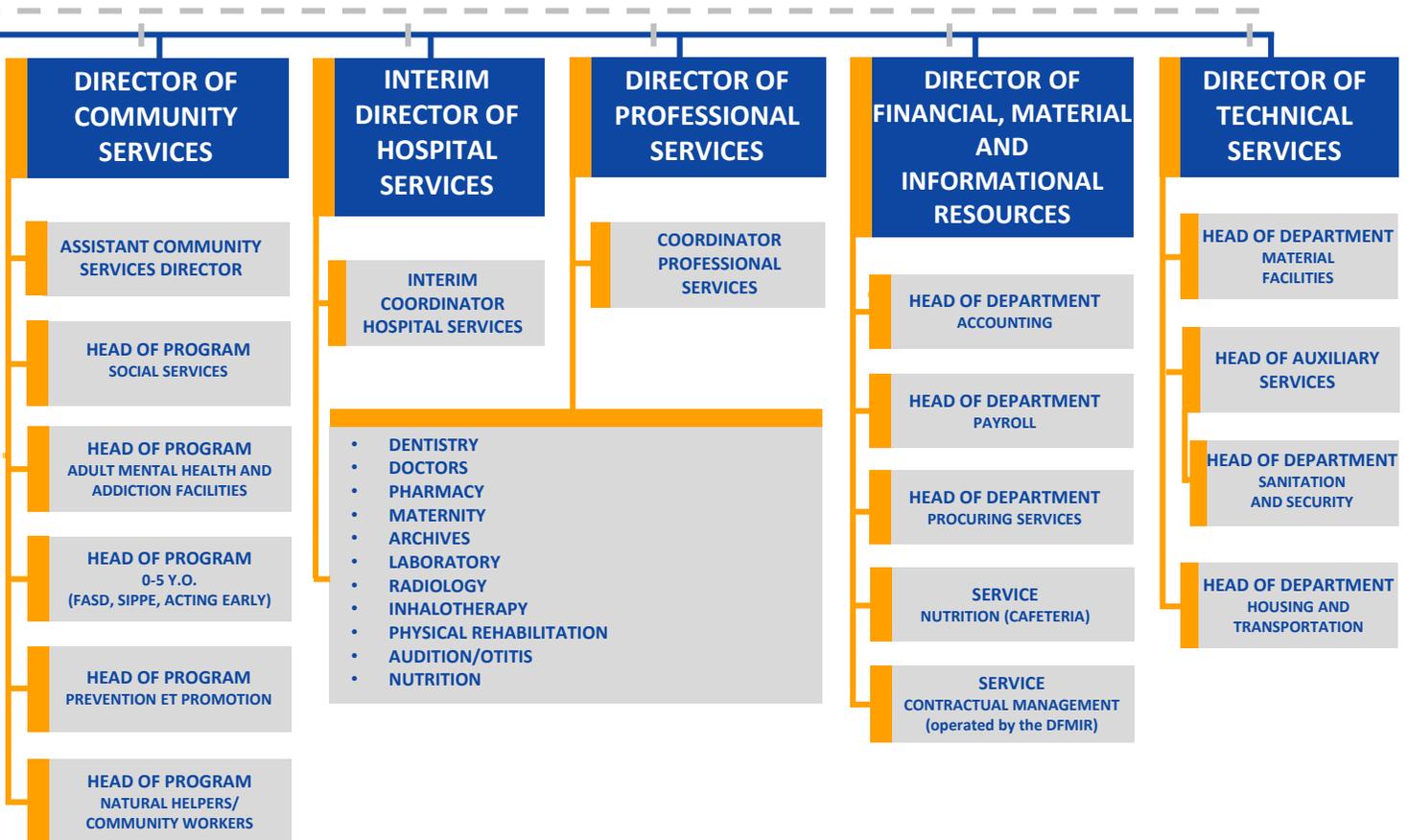
Montreal

**PRESENTATION OF THE ORGANIZATION – Organizational Chart**



# PRESENTATION OF THE ORGANIZATION – Organizational Chart

----- Functional link



# BOARD OF DIRECTORS

## **Josepi Padlayat**

Chair

Executive Member

Representative (Committees): Users - Audit -  
Watchdog - Governance & Ethics

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## **Salamiva Weetaltuk**

Vice Chair

Representative Kuujjuaraapik

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## **Andy Moorhouse**

Executive Director

Secretary

Watchdog – Audit – Users – Governance & Ethics

---

## **Samuili Qumaluk**

Executive Member

Representative: Puvirnirtuq

Audit - Governance & Ethics

---

## **Jusipi Nalatujaq Qaqtuk**

Executive Member

Representative Akulivik

Users

---

## **Louisa Usuarjuk**

Representative: Ivujivik

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## **Mina Crow Novalinga**

Representative: Umiujaq

Audit - Watchdog - Users'

## **Eva Quananack Alaku**

Representative: Salluit

---

## **Tania Qinuajak**

Representative Kativik School Board

Audit - Governance & Ethics

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## **Alacie Surusilak**

Employees Representative

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## **Lisa-Louie Ittukallak**

Employees Representative

---

## **Mathieu Ménard**

Employees Representative

Governance & Ethics

---

## **Martin Girard**

Employees Representative

Governance & Ethics

---

## **Eva Weetaluktuk**

Representative: Inukjuak

Watchdog - Governance & Ethics

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## **Markusi Anautak**

Community Representative



# LIST OF COMMITTEES

## EXECUTIVE

Josepi Padlayat – Chair  
Andy Moorhouse – Executive Director, Secretary  
Salamiva Weetaltuk – Vice-Chair  
Samuili Qumaluk - Executive Member, Acting Secretary  
Jusipi Nalatujaq Qaqutuk – Executive Member

## GOVERNANCE AND ETHICS

Josepi Padlayat  
Samuili Qumaluk  
Martin Girard  
Mathieu Ménard  
Eva Weetaluktuk  
Tania Qinuajuak  
Andy Moorhouse (Support)

## AUDIT

Andy Moorhouse  
Josepi Padlayat  
Samuili Qumaluk  
Mina Crow Novalinga  
Tania Qinuajuak

## USERS

Andy Moorhouse  
Johnny Angutiguluk (PUV)  
Josepi Padlayat (SALLUIT)  
Maggie Fleming (KUUJK)  
Josi Nappatuk (PUV)  
Mina Crow Novalinga (UMI)  
Jusipi Nalatujaq Qaqutuk (AKU)  
Lisa-Louie Ittukallak (PUV)  
Pierre-Antoine Guinard, Asst. QCC

## WATCHDOG

Andy Moorhouse  
Josepi Padlayat  
Josi Nappatuk QCC  
Eva Weetaluktuk  
Mina Crow Novalinga

## NRBHSS REPRESENTATIVE

Josepi Padlayat



# 2019-2020

## **Highlights**

per direction  
of the organization

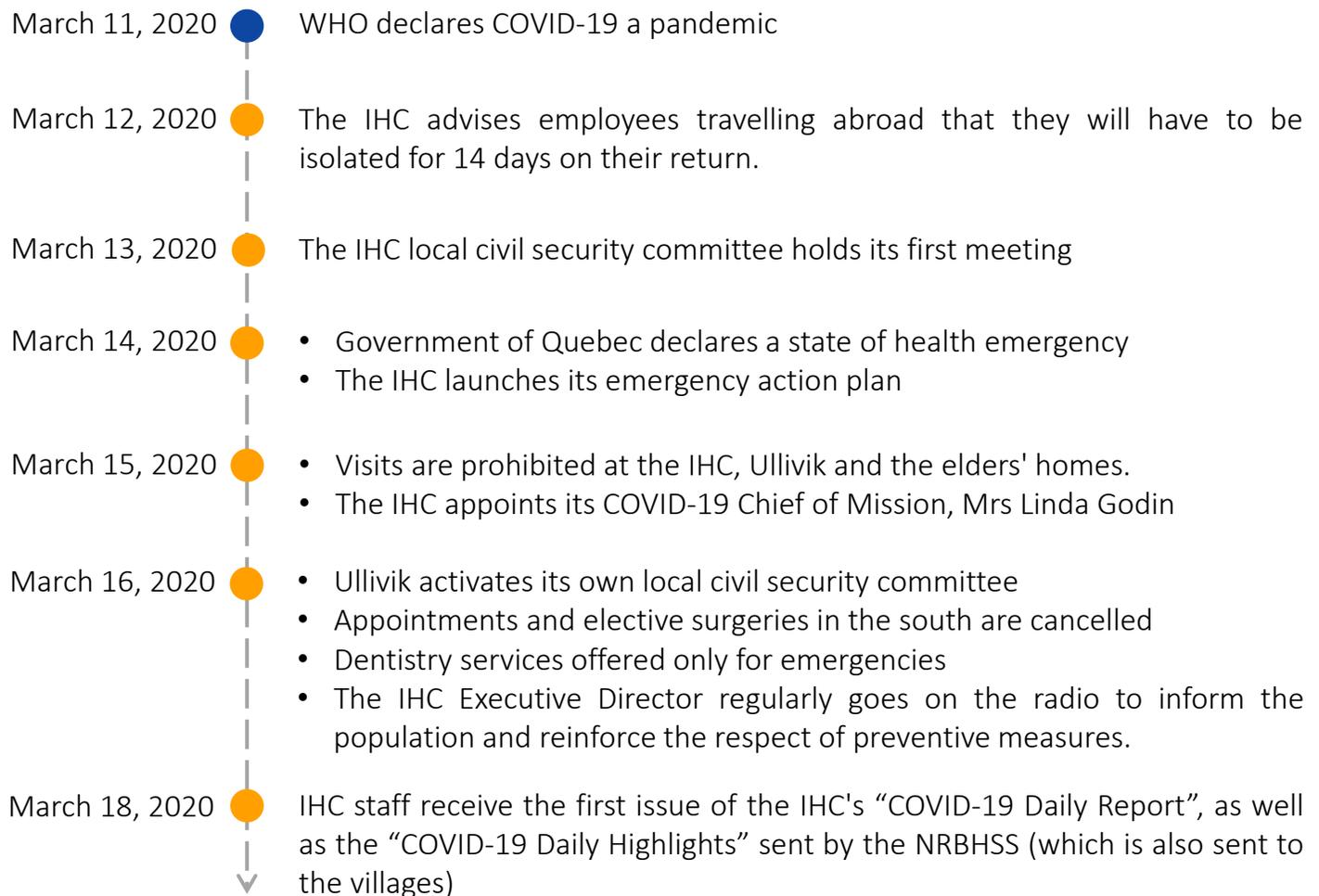


# COVID-19 PANDEMIC MANAGEMENT (March 2020)

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. Faced with this exceptional situation and in order to best contain the spread of the virus, the Inuulitsivik Health Centre has reorganized its services and implemented numerous preventive measures to protect its users and employees. Throughout the month of March, all services adapted to this new reality and remained highly mobilized.

Here is a timeline of the main measures put in place at the IHC in March 2020.

## Timeline of the COVID-19 management



## HIGHLIGHTS – COVID-19 PANDEMIC MANAGEMENT (March 2020)

- 
- March 20, 2020 ● Cancellation of doctors' visits to small villages
- March 24, 2020 ●
- Trajectories and zones are identified in the hospital for COVID-19 zoning
  - Training for the COVID-19 investigations given to about 30 people in the South and the community health nurses of the IHC
- March 25, 2020 ●
- As imposed by the Quebec government, gatherings are forbidden in villages. Employees reinforce social distancing
  - 42 beds are available on the Hudson Coast for COVID-19
- March 26, 2020 ●
- Simulations held in CLSCs and the hospital to review the trajectory of COVID-19 cases
  - The hospital ambulance garage is identified to become a screening clinic.
- March 27, 2020 ●
- All long-term care patients are transferred to Sailivik
  - Second round of simulations to revise the trajectory of COVID cases
  - Kuujjuarapik: Collaboration with the Cree Board of Health and Social Services of James Bay to harmonize measures between the two CLSCs
  - The Crisis Centre in Puvirnituk and the Reintegration Centre in Inukjuak are closed to visitors and clients can no longer visit the communities.
- March 28, 2020 ● **First positive case of COVID-19 in Salluit**
- The CLSC was ready to take on a COVID-19 case
  - The social services of Salluit offer psycho-social support to the positive case
  - Nunavimmiut are invited not to go to their CLSC if they think they have COVID-19, but to call the regional Info-Health line
- March 29, 2020 ● Personal protective equipment is provided to all social workers who make home visits.
- March 30, 2020 ●
- Salluit: a nurse is in charge of doing the pre-triage of all people coming to the CLSC; the DYP asks its clients to call before coming.
  - Kuujjuarapik: First joint meeting with the COVID-19 Chief of mission from Whapmagoostui. The head nurse of the IHC becomes the head nurse for the entire clinic, including Cree staff.

# DIRECTION OF YOUTH PROTECTION

## Main changes to services

The Direction of Youth Protection team has been consolidated with the **appointment** of an Assistant Director, a new Assistant to the Director and a new Head of Program.

The additional budgets provided by the Ministry have also made it possible to **add resources** in several communities and put in place measures to **stabilize** them. In this regard, the support offered by the clinical advisors/reviewers helped to develop **a coaching program** for new staff.

We would also like to highlight the resumption of the process of transferring the Atsanirq Group Home (for young people aged 12 to 17) in Puvirnitug to the Direction of Regional Rehabilitation Services for youth with adjustment difficulties.

## Objectives achieved and main achievements

The introduction of dashboards for the Heads of program has enabled the Direction of Youth Protection to **strengthen the monitoring of its various activities and to ensure an increase in the intensity of the services offered to families**. These improved dashboards allow qualitative and quantitative monitoring of activities.

In addition, a **significant increase in the number of intervention plans** can be observed for families receiving services. It should also be noted that the trajectory for obtaining funding from the Child First Initiative program in order to offer more services to families has been defined.

The consolidation of the management and clinical structure and roles (clinical advisors/reviewers) now enables **optimal collaboration between all members of this tactical management team**. Regular weekly meetings ensure the cohesion of this team. Moreover, the addition of a personnel management officer has enabled the Direction of Youth Protection to intensify its recruitment and further stabilize its staff.

The **clinical support offered to the staff has been strengthened** thanks to the contribution of the clinical advisors/reviewers, in particular through the regular presentation of clinical capsules reinforcing the knowledge and skills of the whole team.

### New issues and next priorities

The Direction of Youth Protection wishes to develop **Inuit family resources** and a **support program** for Inuit families in order to **stabilize the placements of children**. It also aims to implement meaningful counselling for all children whose security or development is declared to be compromised.

At the clinical level, the Direction of Youth Protection seeks to ensure that each family followed by its services benefits from an **intervention plan**. The definition of service trajectories, the development of clinical partnerships and the implementation of tools are also priorities in this respect.

The development and implementation of a **recruitment and retention plan** as well as keeping the **number of pending reports at a safe level** are also objectives for the coming year.

In essence, the Direction of Youth Protection will continue to make every effort to meet the needs of Nunavik families, while respecting the limits of its mandate.

## THE DYP AT THE INUULITSIVIK HEALTH CENTRE

Parents are primarily responsible for the protection of their children. However, certain situations requires the DYP to intervene to protect children whose security or development is or may be considered to be compromised. Daily, their team works in collaboration with the families, to offer help and support in order to correct the situation, to make sure that the children's needs are met.

Parents and children are consulted at all the stages of the DYP's intervention and have the right to give their point of view to actively participate in the decisions that affect them.

The Youth Protection mission is possible thanks to the contribution of a whole dedicated team, in collaboration with more than 200 foster families, dozens of educators working in rehabilitation facilities and the implication of the communities.

Together, they play an essential role in the lives of the most vulnerable children.



# 2019-2020 in some figures

**1,563**  
reports received

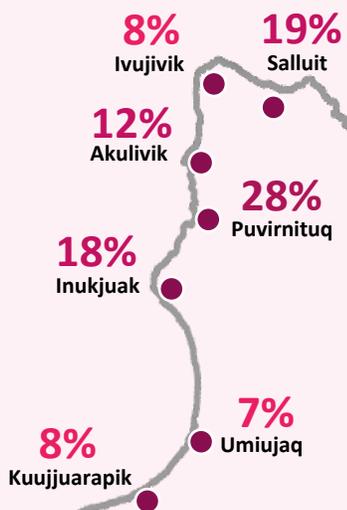


**944**  
reports retained

**1,133**  
children  
have been reported  
at least one time



## Reports received, by village



## Reports received, by issue

**37%** PHYSICAL ABUSE (OR SERIOUS RISK OF)

**35%** NEGLECT (OR SERIOUS RISK OF)

**12%** PSYCHOLOGICAL ILL-TREATMENT

**11%** SEXUAL ABUSE (OR SERIOUS RISK OF)

**6%** SERIOUS BEHAVIOURAL PROBLEMS

## 2015-2020 EVOLUTION

- No. of reports received**
- No. of children who have been reported at least once**
- No. of reports retained**





**721**  
evaluations  
completed

**58 days**

average waiting time for assignment for evaluation

**46 users awaiting**

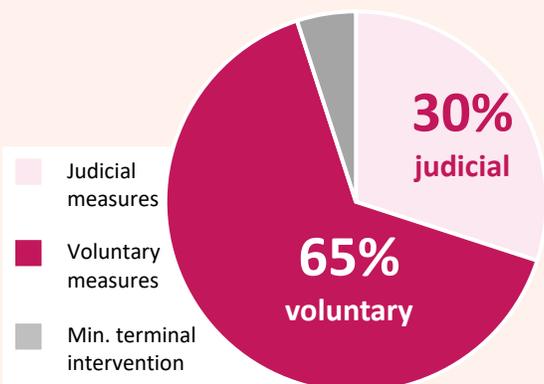
assignment for evaluation as at March 31, 2020

	17-18	18-19	19-20
FF SDC (founded facts with compromised security or development)	238	248	<b>311</b>
FF SDNC (founded facts with uncompromised security or development)	342	169	<b>253</b>
FNF SDNC (unfounded facts with uncompromised security or development)	98	164	<b>146</b>
Unable to proceed	6	3	<b>5</b>
Transfer (before Dec.)	3	1	<b>3</b>
Death of the user	2	2	<b>3</b>
<b>TOTAL</b>	<b>689</b>	<b>587</b>	<b>721</b>



**240**  
orientations  
completed

	17-18		18-19		19-20	
	No.	%	No.	%	No.	%
Judicial measures	31	15	42	22	<b>72</b>	<b>30</b>
Voluntary measures	159	78	124	64	<b>155</b>	<b>65</b>
Minimal terminal intervention	15	7	29	14	<b>13</b>	<b>5</b>
<b>TOTAL</b>	<b>205</b>	<b>100</b>	<b>195</b>	<b>100</b>	<b>240</b>	<b>100</b>



## Application of measures

**77%**  
judicial measures



**791**  
unique users

including **662 active users** as of March 31, 2020 and **10 users awaiting assignment to AM** as of March 31, 2020

## YCJA (Youth Criminal Justice Act)

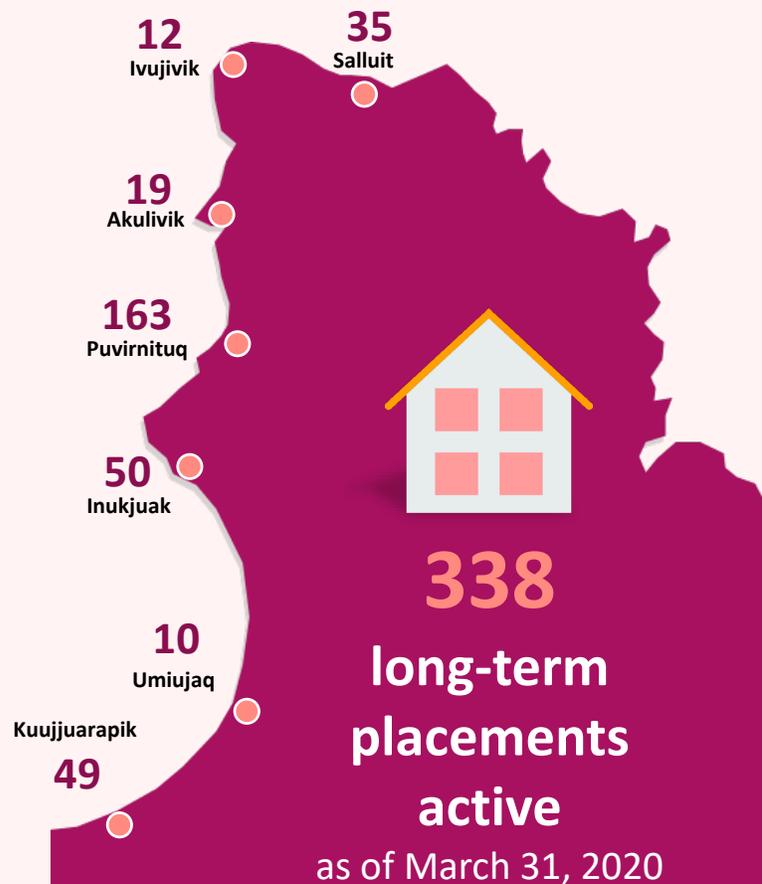
	17-18	18-19	19-20
Number of different users during the year	140	120	93
Number of active users as of March 31	76	72	59

Note: There is a general provincial decline in the numbers in 2019-2020.

**454**  
long-term placements  
in foster families  
in 2019-2020

Long-term placements active as of March 31, 2020, classified by issue

- 53%**  
NEGLECT (OR SERIOUS RISK OF)
- 21%**  
PHYSICAL ABUSE (OR SERIOUS RISK OF)
- 12%**  
PSYCHOLOGICAL ILL-TREATMENT
- 8%**  
SEXUAL ABUSE (OR SERIOUS RISK OF)
- 4%**  
ABANDONMENT
- 2%**  
SERIOUS BEHAVIOURAL PROBLEMS



## Comparison DYP Hudson - rest of Quebec

### Annual Demographics – 2019-2020

**37,5%** of the population of Nunavik is between 0 et 17 years old.

**18,7%** of the population of Québec is between 0 et 17 years old.

Source: Institut de la statistique du Québec, Direction des statistiques sociodémographiques



### Evolution of reports received and retained from 2018-2019 to 2019-2020

#### QUEBEC

**+12%**  
reports received  
**+5%**  
reports retained

#### HUDSON

**+15%**  
reports received  
**+38%**  
reports retained

### Breakdown of reports retained's issues in 2019-2020

	QUEBEC	HUDSON
Physical abuse or serious risk of	31%	37%
Neglect or serious risk of	33%	35%
Psychological ill-treatment	17%	12%
Sexual abuse	6%	11%
Serious behavioural problems	8%	6%

### Evaluation – Breakdown (2019-2020)

#### QUEBEC

**39,8%**  
security or development compromised  
**60,2%**  
uncompromised security or development

#### HUDSON

**43,1%**  
security or development compromised  
**55,3%**  
uncompromised security or development

# DIRECTION OF NURSING

### Main changes to services

In 2019-2020, the Direction of Nursing team has been consolidated. The management team has **remained stable**, except for a rotation of advisory positions. The Direction of Nursing is also pleased with the **addition of a nurse dedicated solely to STBBIs** in the community of Inukjuak.

Two **unexpected events** also marked this year, namely the fire in the basement of the Puvirnitug hospital in February 2020 and the COVID-19 pandemic, for which the Direction of Nursing would like to highlight the **extraordinary mobilization** of its teams, who worked together with great adaptability and did not hesitate to make themselves available, and continue to do so to ensure quality service.

Given the recurring recruitment problem, a change in the MSSS law now authorizes the **hiring of agency nurses** who have been working on the Hudson Bay coast for more than 6 months as of January 1, 2020, which will undoubtedly lead to new hires in the Direction of Nursing during the next fiscal year.

### Objectives achieved and main achievements

The **revision of the service model** (for liaison services and nursing care in CLSCs) made good progress this year, with the theoretical revision already completed. However, the arrival of COVID-19 has interrupted the revision process for the time being.

The **endoscopy unit** has been upgraded to meet provincial standards.

A **mass screening for tuberculosis** was carried out in the community of **Salluit**. 93% of the eligible people, i.e. **830** people, were screened and among them, **26 ITL *de novo* (latent TB)** and **5 active TB** were detected.

A call for tenders was launched during the 2019-2020 financial year, resulting in **two nurses agencies** being selected. The contract was launched on January 1<sup>st</sup>, 2020, enabling the Direction of Nursing to deal with the same two nurses agencies and thus ensure a standard of quality in the services offered to patients.



### Health Week held in Akulivik in December 2019:

- 42% of eligible people aged 14 and over, i.e. **169 people were tested** (syphilis, HIV, genitourinary gonorrhoea/chlamydia, pharyngeal gonorrhoea).
- **69 houses** and **15 living/working environments visited** in all sectors of the community ;
- Screening offered at secondary school ;
- 2 community radio interventions and communication tools offered ;
- **Other interventions:** suicide prevention, harm reduction (alcohol), promotion of hand washing, disposal of expired medication.

Following the **fire** in the Puvirnituk hospital on February 6, 2020 and thanks to the collaboration of everyone involved in both the evacuation and the reorganization of services, no one was injured and **all services were able to resume** less than a week after the incident.

The **influenza pandemic plan** was revised in February 2020 to prepare for the COVID-19 pandemic. Concerning COVID-19, one of the major objectives achieved is also the rapid response to the MSSS directives and proactively addressing **trajectories and reorganization in zones** (hot, warm and cold) in the hospital and CLSCs. While the first case of COVID-19 was declared in Nunavik on March 28, 2020, the IHC already had the capacity to accommodate 17 COVID-19 patients, and the long-term patients, who were more at risk, were moved to Sailivik to protect them.

*For more details on the management of COVID-19, see page 18-19.*

### New issues and next priorities

The challenges of the year 2020-2021 will focus on the **COVID-19 pandemic**: preparing the IHC in accordance with MSSS guidelines, gradually resuming services that have been offloaded while adapting to the COVID reality, recruiting nursing staff to meet the additional needs generated by the pandemic, and many others.

In addition to the COVID-19 context, the Direction of Nursing will have to make a transition following the **retirement of its director**. One of the next priorities is also to **reduce the independent workforce** (nurses agencies) and **increase the hiring of nurses**.

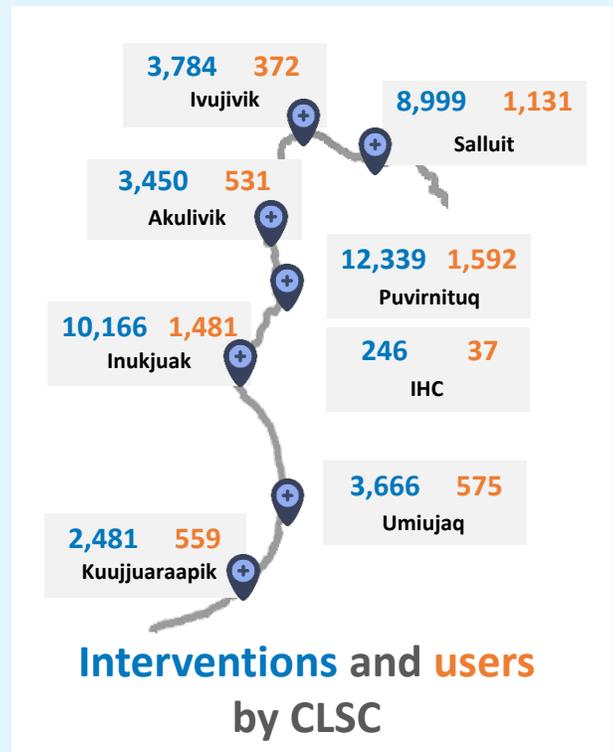
# 2019-2020 in some figures

## Health Services

**45,131** interventions  **6,278** unique users

## 2017-2020 EVOLUTION

		17-18	18-19	19-20
IHC	Interventions	-	3	246
	Users	-	0	37
Salluit	Interventions	8,543	12,492	8,999
	Users	1,158	1,290	1,131
Ivujivik	Interventions	2,479	3,274	3,784
	Users	343	356	372
Akulivik	Interventions	4,753	3,291	3,450
	Users	598	527	531
Puvirnituaq	Interventions	10,160	13,672	12,339
	Users	1,543	1,763	1,592
Inukjuak	Interventions	6,485	6,749	10,166
	Users	1,346	1,090	1,481
Umiujaq	Interventions	3,601	3,592	3,666
	Users	423	448	575
Kuujjuarapik	Interventions	5,909	3,023	2,481
	Users	609	505	559



## Liaison Services

	18-19	19-20	DIFF.
Inukjuak*	4,480	8,817	+97%
Puvirnituaq	9,760	16,055	+64%
Salluit	8,324	10,670	+28%
<b>TOTAL</b>	<b>22,564</b>	<b>35,542</b>	

\*Pilot project lasting 6 months from July 2019 to optimize the liaison services, so that users will be able to show up for appointments

### MAIN ACTIVITIES

- 1- Procedure for liaison – 16,820
- 2- Management of appointments with Ullivik – 7,927
- 3- Simple file update – 4,721

## Specialized Services



**3,907**

visits to a specialist

**-17%** compared to 2018-2019

Specialities with most visits:

- **OPTOMETRY** - 768 visits
- **ENT CONSULT.** - 543 visits
- **GASTRO.** - 405 visits
- **ORTHODONTICS** - 401 visits
- **GYNÉCOLOGY** - 349 visits

Specialities with the greatest increase in visits:

- **CARDIO ADULT STRESS TEST** (36 visits) **+100%** since 18-19
- **PSYCHIATRY** (197 visits) **+49%** since 18-19
- **ENT CONSULT.** (543 visits) **+33%** since 18-19
- **OPTOMETRY** (768 visits) **+33%** since 18-19
- **ADULT CARDIO. ECHO.** (62 visits) **+39%** since 18-19

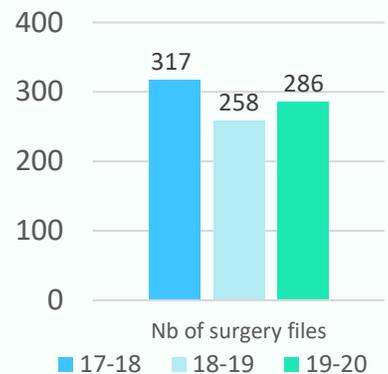
## Surgeries



**286**

files

**+11%** compared to 2018-2019



## Medical evacuation services (Medevac)



**828** evacuations – North-North and North-South

782 in 2018-19 **(+6%)**

Number of Medevacs made, by reason:

<b>157</b>	GASTRO/ABDOMINAL	<b>80</b>	OTHER
<b>156</b>	TRAUMATOLOGY	<b>50</b>	NEUROLOGY
<b>127</b>	PSYCHIATRY	<b>35</b>	CARDIAC
<b>121</b>	RESPIRATORY	<b>14</b>	INTOXICATION
<b>88</b>	OBSTETRICS/GYNECO.		

## Care Unit

### General Admission

	18-19	19-20
Number of admissions	1,499	<b>1,649</b>
Stay (number of days)	3,854	<b>3,617</b>

**+10%** compared to 2018-2019

**-6%** compared to 2018-2019

Greater number of admissions, by speciality:

- **MEDICINE** - 465 admissions
- **PSYCHIATRY** - 343 admissions
- **DENTAL CARE** - 187 admissions
- **PEDIATRY** - 163 admissions
- **TRAUMATOLOGY** - 157 admissions

Greater number of stays, by speciality:

- **MEDECINE** – 1,533 days
- **PSYCHIATRY** – 800 days
- **PEDIATRY** - 403 days
- **TRAUMATOLOGY** - 208 days
- **DENTAL CARE** - 187 days

Admissions by specialty with the greatest increases:

- **DENTAL CARE**  
(187 admissions) **+70%** since 18-19
- **PSYCHIATRY**  
(343 admissions) **+66%** since 18-19
- **OTORHINOLARYNGOLOGY**  
(52 admissions) **+15,5%** since 18-19
- **TRAUMATOLOGY**  
(157 admissions) **+15%** since 18-19
- **MEDECINE**  
(465 admissions) **+9,5%** since 18-19

## PLA (People with Loss of Automony)

**153**

users of the program

**+22%** compared to 2018-2019

**3,573**

interventions

**+151%** compared to 2018-2019

**No. of users**

**No. of interventions**



## Public Health

### STBBIs (Sexually Transmitted and Blood-Borne Infections)

Coast/ Region	STBBI	From Jan. 1st to Dec. 31, 2018		From Jan. 1st to Dec. 31, 2019	
		No. of confirmed cases reported	Rate per 100,000 people	No. of confirmed cases reported	Rate per 100,000 people
Hudson	Hepatitis C	-	nc	1	nc
	Chlamydia trachomatis	303	3,951	371	4,787.7
	Gonococcal infection	181	2,360	262	3,381.1
	Syphilis	23	Nc	70	903.3
	<b>TOTAL HUDSON</b>	<b>507</b>	<b>nc</b>	<b>704</b>	<b>nc</b>
Nunavik	Hepatitis C	-	nc	2	nc
	Chlamydia trachomatis	536	3,902.2	586	4,155.4
	Gonococcal infection	258	1,878.3	361	2,559.9
	Syphilis	23	nc	72	510.6
	<b>TOTAL NUNAVIK</b>	<b>817</b>	<b>nc</b>	<b>1,021</b>	<b>nc</b>

Notes : - nc (not calculated)

- Denominator for Rate Incidence Calculation: Estimated population of Nunavik in 2019

### ATDs (Aerosol Transmissible Diseases)

Coast/ Region	ATD	From Jan. 1st to Dec. 31, 2018		From Jan. 1st to Dec. 31, 2019	
		No. of confirmed cases reported	Rate per 100,000 people	No. of confirmed cases reported	Rate per 100,000 people
Hudson	Tuberculosis	29	?	26	335.5
Nunavik	Tuberculosis	47	?	69	489.3

Notes : - nc (not calculated)

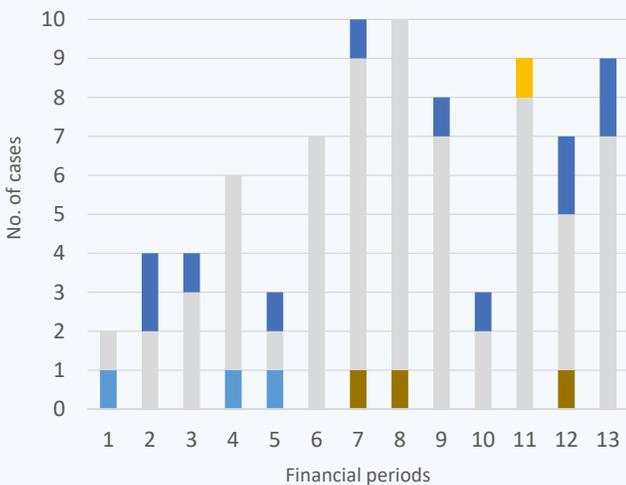
- Denominator for Rate Incidence Calculation: Estimated population of Nunavik in 2019

## Infection Prevention and Control (IPC)

In 2019-2020 for **active surveillance**, such as hospital-wide bacteremia, VRE infections, C. difficile diarrhea, carbapenemase-producing enterobacteria and Staphylococcus aureus bacteremia, our incidence rate is **extremely low, or even zero** for many of these surveillances.

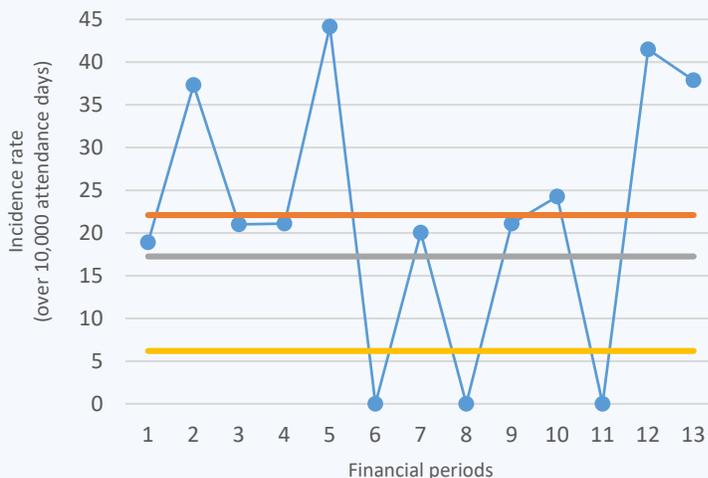
The only surveillance conducted under the INSPQ surveillance that has a **high rate is the surveillance of MRSA colonisations** for which the rate is higher than the rest of the comparable facilities in the province. In comparison, the incidence rate for MGH 2018-2019 is 5/10,000 attendance days (normalized rate to allow for comparison) and that of IHC 2019-2020 is 22.1/10,000 attendance days. Even though there was no MRSA outbreak as in 2018-2019, a high number of nosocomial cases due to previous hospitalizations were detected.

Graph: Number of MRSA colonisation and infection cases in 2019-2020



- Non-nosocomial colonisations
- IHC nosocomial colonisations
- Non-nosocomial infections
- Nosocomial infections IHC
- Nosocomial colonisations in Montreal

Graph: Incidence rate (per 10,000 days-presence) of MRSA colonisations and infections

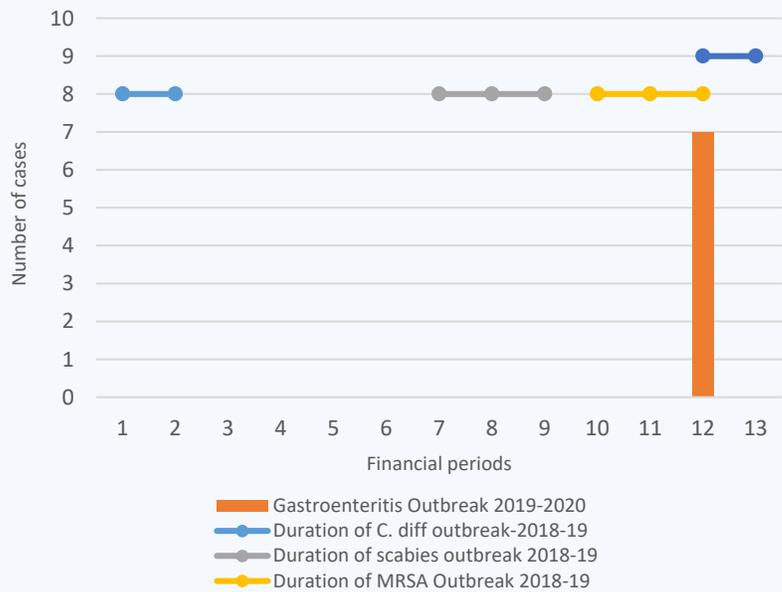


- Periodic incidence rate
- Annual incidence rate 2019-2020
- Annual incidence rate 2018-2019
- Annual incidence rate 2017-2018

In 2019-2020 for **passive surveillance**, there was only **one outbreak of viral-like gastroenteritis**. It is currently impossible to confirm by laboratory the origin of this outbreak.

This outbreak affected **7 users**, but follow-up was extremely difficult given that the outbreak was declared the day before the fire on the IHC Care Unit. Of the 7 cases noted, 6 had *C. difficile* screenings, all of which came back negative.

Graph: Outbreaks 2018-2020 and number of cases per outbreak 2019-2020



For the rest, there has been **no significant nosocomial transmission** of multi-resistant bacteria or other infectious diseases such as influenza, or flu-like syndromes, or parasites such as scabies. Despite the number of tuberculosis cases on the coast in 2019-2020, **there has been no nosocomial transmission**. This lack of outbreaks may, however, be related to the lack of surveillance caused by the lack of presence of the IPC advisor in the service.

### COVID-19

COVID-19 has become a constant source of planning and concern in late 2019-2020. As far as the IHC facilities are concerned, there has been **no nosocomial transmission of COVID-19** either in the hospital environment or in external centres, such as the Crisis Centre or the Reintegration Centre.

The Infection Prevention and Control Service was actively involved in all the preparation of both the hospital and external resources, in the preparation of the areas, training of employees, distribution and organization of materials and management of potential cases. One of the major challenges is the organization of medevacs between villages and to ensure the safety of our staff, as well as the safety of the premises for Air Inuit staff.

# DIRECTION OF COMMUNITY SERVICES

## Main changes to services

This year, the Direction of Community Services continued to develop its services, notably through the arrival and retention of **new professionals** (team of psychologists, team of addiction counsellors, permanent budget received to ensure the presence of the team of natural helpers), and the creation of new programs to strengthen the offer of services to **promote the good health and well-being** of the Hudson Bay communities.

## SOCIAL SERVICES

### Youth and Family Services

The **CAFE program** (Crisis-Adolescence-Family-Child) continues to be implemented and has acquired new tools to support crisis intervention. Analyses have been conducted to examine the implementation of the program and to better define the program's clientele and its needs.

The **FEJ program** (Family-Child-Youth) follows a large number of families, so that there are waiting lists in some villages. To meet the needs, new positions have been added to the team. The intention is to add even more posts in order to offer services for young people and families within the schools themselves, as many social problems are present in schools.

In addition, we would like to highlight the creation of the **Nukariit** group at the end of summer 2019. **Dedicated to girls aged 12 to 18**, the group meets once a week at the Puvirnituk adult school for cultural and manual activities. The group welcomes between 17 and 25 girls each week.

### Adult Services

A permanent budget was granted to maintain the services offered by **natural helpers** in the villages when a crisis situation occurs. Their role is essential considering the need of comforting people who have lost their loved ones through suicide, homicide, incident and natural death. Some helpers travel to other communities, to assist people who are suffering and to empower them with the willpower and knowledge that they can overcome their loss, and grieve in a proper and healthy way, to live a prosperous and peaceful life. As the communities have been suffering a lot this year, the presence of natural helpers was and is so important for our organization and for the communities.

As the needs are growing, especially in some communities such as Inukjuak, new positions have been added or confirmed. A temporary position of **intake worker was requested in Inukjuak**.

### Mental Health Services

The offer of mental health services is very limited in Nunavik and it is essential to develop it. This year, **mental health trajectories** for young people and adults at the IHC have been created. They are to be presented to our internal partners, the Direction of Youth Protection and the Direction of Nursing, before being shared with external partners.

One of the highlights and great improvement of the year is the recruitment of a **mobile team of 4 psychologists** who travel to the seven villages along the Hudson Bay coast. In addition, funding for a **youth psychologist** position has been confirmed and should be filled in the coming year.

Finally, a position was funded and filled in March 2020 to **provide services for victims of sexual assault**. In collaboration with the sexual violence prevention professional, they will offer services to youth and adults who need them.

### Other programs: Saqjuq and Nitsiq

Based in Puvirnituq and created in May 2019, the **Saqjuq mobile intervention team carried out 385 interventions and activities** (hunting, fishing, cleaning, skills development). The program is set up jointly by the IHC, the NRBHSS and the KRPF and is made up of a police officer and a social worker, who respond to emergency calls with a strong psychosocial component, and organize activities that provide a significant service to the community, with which they have built a beautiful bond of trust.



*Credits: Saqjuq*

Following the launch of the Court of Quebec Addiction Treatment Program (CQATP) in Puvirnituq in October 2019, a part-time worker was hired to receive referrals from lawyers, assess clients and coordinate all required services. A total of **2 clients** were accepted by the court in **Nitsiq** during this period. One client has completed almost **3 months of the program** and **the other is still in treatment** at Portage. Several meetings were held with defence lawyers and crown prosecutors to promote Nitsiq. Two steering committees were held to ensure proper development, and a new Planning, Programming and Research Officer was assigned to the file by the NRBHSS in order to continue its implementation.

## HIGHLIGHTS – Direction of Community Services

### Social services - next objectives

For the coming year, the social services aim to **harmonize their practices**, in particular by revising the reference framework on practice, defining new support tools, offering training and installing a scoreboard. As the **risk of suicide** is still high in the region, a special effort will be made to qualify employees to assess suicide risks. In addition, the **Saqijuq and Nitsiq programs** will continue to be developed and enriched.

With regard to services for young people and families, the focus will be on developing services **in schools**, in addition to ensuring the presence of the **CAFE program** in the seven villages and collaborating in the creation of a trajectory of services for young people.

For adult services, the efforts will be focused to **extend mental health services** in the communities and creating a 1st and 2nd line mental health trajectory, as well as increase the presence of **psychologists** in all communities and **strengthen the position of community workers** and helpers (developing the network, ensuring recognition of their skills, ensuring that communities identify them as supports).

Table: Number of interventions per programme - 1st line services in 2019-2020

Profile	IHC	CLSC Akulivik	CLSC Inukj.	CLSC Ivujivik	CLSC Kuujj.	CLSC Puv.	CLSC Salluit	CLSC Umiuj.
<b>Palliative Care Service</b>						1		
<b>Physical Health short term</b>					655	3		
<b>Other Physical Health Services</b>							7	
<b>Physical Disability</b>			25			1	2	
<b>Intellectual Disability</b>			6					
<b>Autism Spectrum Disorder</b>			5					
<b>Mental Health</b>		70	1,822	230	316	258	1,038	289
<b>Psychosocial Services</b>	22	1,906	1,594	1,637	916	4,626	2,575	1,101
<b>Pregnant Women</b>					66			
<b>SIPPE</b>			307					
<b>PLA</b>		3	1,020		1	518	172	20
<b>FEJ</b>	57		504	10	37	1,161	462	54
<b>TOTAL</b>	<b>79</b>	<b>1,979</b>	<b>5,283</b>	<b>1,877</b>	<b>1,991</b>	<b>6,568</b>	<b>4,256</b>	<b>1,464</b>

**EARLY CHILDHOOD SERVICES****Acting Early**

Acting Early is a new ministerial program aimed at ensuring rapid screening and support for children aged 0-5 with neurological development delays and disorders (speech delays, motor delays, etc.).

In 2019, health professionals in Nunavik adapted the government's proposed program to make it culturally appropriate, to ensure adequate acceptance and participation of the Inuit population:

- **Community services and hospital services** now share leadership and decision-making for the program;
- A new Clinical Advisor has been hired to assist with advancement and deployment;
- Action plan and recruitment plan have been carried out;
- Targeted clientele: children aged 0 to 5 years old with delays or difficulties in neurological development and children aged 6 to 18 years old with the same health problems and who do not attend school.;
- Trajectory and service corridor have been established and continue to be shaped;
- **Acting Early has officially started with its first client!**

**Ilagiilluta (SIPPE)**

The Ilagiilluta program offers families individual support (prevention and advice on lifestyle habits: alcohol, drugs and tobacco during pregnancy, nutrition, mental health, etc., post-natal visits, 6-8 weeks after birth) and group support (pre- and post-natal support, as well as groups to develop parenting skills) and is involved in other community initiatives and organizations.

Achievements 2019-2020 :

- **The SIPPE house in Umiujaq** is now functional and ready to start the program;
- **High participation** of pregnant women and families;
- Partnering with maternal and child care services in Nunavut Kitikmeot and Iqaluit to use the Hudson's Ilagiilluta program as an example in the development of their future services.

**FASD (Fetal alcohol spectrum disorders)**

The FASD programme has an increasingly competent team to support families (this year, participation in a training programme for brain diseases). Involved and highly motivated, the team has been stable for many years.

## HIGHLIGHTS – Direction of Community Services

### PREVENTION AND PROMOTION

The mandate of the Prevention and Promotion Program is to **provide services and raise awareness of various topics related to physical and mental health and safety** on the Hudson Bay coast.

For the year 2019-2020, the team highlights:

- The **regional health calendar** has been adapted to the local culture (collaboration with the regional wellness committee and wellness workers on the Hudson and Ungava coasts);
- Salluit hosted **Puttautiit** in October 2019. Thanks to the support of many local organizations and committees, the event was a success - the feedback has been very positive and the workshops have helped in the healing and grieving process;
- The **Street Worker Program** is better understood by the community, allowing projects to start more from the community, with the support of the workers. **Many activities have been carried out** during the year, such as: music project (singing lessons, music, karaoke), dance evenings (reserved for young people), film evenings, Operation Red Nose (in collaboration with the municipality and the IHC), Nunami (stay in nature to learn Inuit fishing and hunting techniques and interventions on health issues), sports activities, picnics, cultural cooking classes, etc. The programme is also supported by the municipality and the IHC;
- **The number of participants has increased** in the programs at the **Sungirtuivik family house** in Inukjuak, thanks to the planning and reorganization of the house. Programs offered: lunch for men, to encourage men to interact and socialize and then talk about health topics such as tobacco, violence against women, vaccination, etc.; programs for women, where they can meet, learn and care for themselves; meetings for elders; after-school program for youth.
- **The Sexual Violence Prevention Project** started with the clients of the Crisis Centre. This has helped to educate and support clients who are very vulnerable;
- The **Suicide Prevention Team** organized reach out workshops in several organizations in Nunavik. In addition to the workshops, both workers participate in community activities related to suicide prevention and healthy lifestyles.;



## HIGHLIGHTS – Direction of Community Services

- **Community wellness workers** have organized many events that have been very successful. To name a few :
  - **April 2019** – "Quit to Win" challenge to quit smoking;
  - **June 2019** – **World No Tobacco Day** with interventions on the radio and the setting up of a walking group to help people who stop smoking;
  - **Sept. 2019** – **International Day of Older Persons**, with games on the radio and elders who came to tell their stories or talk about the importance of traditions;
  - **Dec. 2019** – Distribution of **food baskets and Christmas gifts** to families in need (collaboration with social services, youth protection, and municipalities); **International Children's Day**, event which welcomed hundreds of people for games and speeches to remind them of the importance of taking care of children;
  - **Jan. 2020** – **Suicide prevention project**, where workers went to **schools** to promote love of life and solidarity - nutrition month celebrated with a traditional food meal in the community gym;
  - **Feb. 2020** – "**Celebrate Life**" event, with speakers and natural helpers, with a healing circle performed by 75 people.



## HIGHLIGHTS – Direction of Community Services

### MENTAL HEALTH AND ADDICTION

#### Adult Mental Health - Crisis and Reintegration Centre

The Inuulitsivik Health Centre has two adult mental health rehabilitation units:

##### CRISIS CENTRE

###### Puvirnitug

- Setting up a protocol for bed bugs
- Activity for day centre that did not have the expected impact because no participants from the community clients
- Collaboration with Uvattinut (community accommodation) for pocket money, food



##### REINTEGRATION CENTRE

###### Inukjuak

- Following the fire: important changes for the clientele with the installation of the old nursing home and the hiring of additional staff
- Collaboration with the family house
- Shoveling program for persons in need
- Setting up of Saturday morning lunches at the family's house

##### FOR BOTH CENTRES

- Intervention plan in collaboration with social workers for all clients
- Clinical programming that meets the needs of the clientele
- Implementation of basic personal, environmental and clinical hygiene activities for all clients
- Activity on sexuality in collaboration with the promotion and prevention worker
- New school program with Adult Education
- Implementation of a new system for the management of clients' money by accounts payable
- Hiring staff to better meet clients needs
- Preparation of a new document for accommodation requests in collaboration with social services, nursing care, NRBHSS, Uvattinut community accommodation.

The year 2019-2020 was marked **by a fire at the Inukjuak Reintegration Centre** in June 2019. Although the damage was significant, no injuries were reported. The clients were all evacuated to the old nursing home, where they settle into their new place. However, the two-storey building created many challenges for the team to make the place safe.

The **next objectives** for the two centres are firstly to set up a **clinical structure** to better meet the needs of clients. In addition, the **cultural activities** offered indoors and outdoors, as well as their frequency, **should be increased**. Finally, **better collaboration** between the psychosocial services on both coasts, the mental health teams, the police, our Uvattinut partners and the Kuujjuaq supervised flats will have to be put in place.

## Addiction Program

Developed this year, the addiction program is piloted by a team of four interveners who offer services in the communities of Puvirnitug, Akulivik, Ivujivik and Inukjuak. The team works closely with the prevention and promotion team to set up common services, and seeks new resources in the South to offer services to clients in need of therapy.

For the next year, efforts will be made to **hire an intervener** in the communities of Kuujjuarapik and Umiujaq, to **provide the necessary training** to the interveners to properly **assess the needs of the clients** and to ensure the implementation of **good practices** among all the interveners. The possibility of opening an intervener position in the community of Salluit is also being considered.

Table: Numbers and reasons for addiction intervention in 2019-2020

Age	Addiction related probl.*	Alcohol	Medication	Tobacco	Drugs
00-12		4			
13-15	5	19			
16-17	28	50			5
18-21	85	162	2		12
22-25	121	263	5		1
26-34	299	584	3	8	6
35-40	122	308	2	2	
41-54	123	211	21	3	
55-65	11	27	5		
66-75	4	2			
76+		1			
<b>TOTAL</b>	<b>798</b>	<b>1,631</b>	<b>38</b>	<b>13</b>	<b>24</b>

\*The "addiction related problems" general category includes sub-categories such as alcohol, tobacco, medication etc. It corresponds to the previous data designation, which has been replaced by the specific type of addiction related problem for the past few months. Eventually we will no longer have numbers in this category.

# DIRECTION OF PROFESSIONAL AND HOSPITAL SERVICES

## Main changes to services

During the 2019-2020 fiscal year, the Direction of Professional and Hospital Services underwent several **changes and additions to its team**. After several years of service at the Inuulitsivik Health Centre, the Director of Hospital Services left the facility and was **replaced by a new director**. At that time, a Hospital Services Coordinator was added to the team. On the professional services side, a **Director of Professional Services** joined the IHC to also support the management team.

In addition, the Direction of Professional and Hospital Services is delighted to have welcomed this year the **first nutritionist** on the Hudson Bay coast.

## Objectives achieved and main achievements

New services are being developed, others are being strengthened:

- The **clinical nutrition service** at the Inuulitsivik Health Centre is growing, thanks to the arrival of the first nutritionist on the Hudson Bay coast;
- Creation of the **perinatal service** in the South: hiring of a midwife for Ullivik on a part-time basis to ease the transition for women who will finish their pregnancies and give birth in the South due to high-risk pregnancies;
- The **home respiratory therapy and sleep apnea service** is consolidating thanks to the arrival of a new respiratory therapist in the summer of 2019, who has made it possible to finalize the first procedures and begin treatment;
- **Telehealth in orthopedics** was able to begin, with the participation of rehabilitation professionals who are responsible for accompanying the patient - they carry out the assessment and examination and transmit the information to the orthopedist, as requested.

Faced with the unforeseen events that marked the year, the **maternities were moved** to new care sites following the fire at the Puvirnituk hospital in February 2020 and in anticipation of COVID-19.

In addition, the Direction of Professional and Hospital Services wishes to highlight **the major contribution, great mobilization and exceptional adaptability** of the DPHS's professional teams in the face of the new measures related to COVID-19.

### New issues and next priorities

Due to the many multiple pregnancies at a young age in the region, the **development of a perineal rehabilitation service** in the communities is one of the Direction's next priorities, to support women who encounter this problem and to respond to the many requests for consultation.

In Kuujjuarapik, there are plans to open a **maternity ward**. This project has been under consideration for several years, due to the number of inhabitants and also because of its location, as this community is quite far from the other maternities.

**Inukjuak** being the second largest village on the Hudson Bay coast, and not having a hospital like in Puvirnituq, the need for services is exponential. One of the priorities of the Direction of Professional and Hospital Services is to establish a **pharmacy service** in the community. This would relieve the workload of the nurses on site, who currently have this responsibility in addition to all their usual duties.

In order to **improve efficiency and professional collaboration**, in addition to reducing physical files due to space issues in our archives and reducing the risk of infection transmission, the IHC wishes to adopt a **paperless mode for medical files**, firstly in the Care Unit.

Finally, concerning **dentistry**, the IHC aims to develop a **program of recognition and training for dental assistants**, in addition to improving salaries, in order to attract local staff. Another project is to **deploy mobile dental hygiene units in schools** to facilitate the care and work of dental hygienists.

# 2019–2020 in some figures

## Dentistry



**3,877 users**

- 562 (dentist)
- 3,315 (dental hygienist)

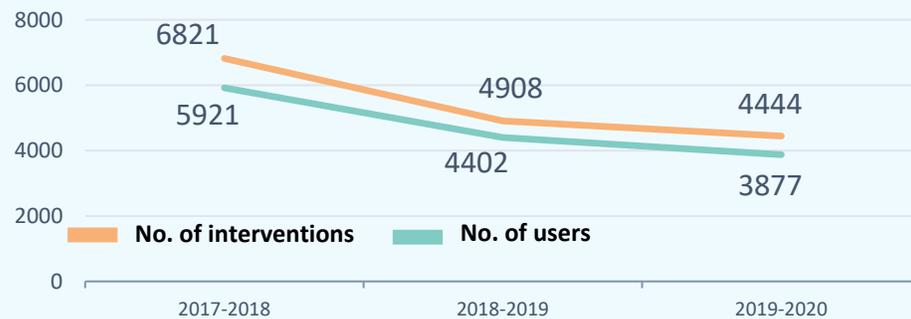
**-12%** compared to 2018-2019

**4,444 interventions**

- 669 (dentist)
- 3,775 (dental hygienist)

**-9%** compared to 2018-2019

Graph: Evolution of dentistry (users and interventions) 2017-2020



## Maternity



**216 births**  
in 2019-2020

**216 in 2018-2019**  
**237 in 2017-2018**

- **INUKJUAK**           **46**
  - **SALLUIT**             **30**
  - **PUVIRNITUQ**       **87**
  - **MONTREAL**       **53**
- transferred from Inukjuak      19  
transferred from Salluit        22  
transferred from Puvirnituk    12

## Audiology



**788 visits**

**-170%** compared to 2018-2019

**644 users**

**+23%** compared to 2018-2019

Graph: Evolution of audiology (users and interventions) 2017-2020



## Radiology



**7,119** exams  
+11% compared to 2018-19

**5,916** clients  
+14% compared to 2018-19

**1,226** ultrasounds  
+19% compared to 2018-19

## Rehabilitation NEW!



Physiotherapy and occupational therapy

**413** interventions  
**95** users

## Respiratory Therapy NEW!



**550** interventions  
**114** users

## Pharmacy



### Hospital

	18-19	19-20	Evolution %
No. of patients	1,042	<b>9,718</b>	833%
No. of prescriptions	1,088	<b>10,112</b>	829%

### Community - Vials

### Community - Dispills

	Average Patients /Month	Average New Rx	Average Renewal /Month	Average no. of Prescriptions /Month	Average Patients /Month	Average New Rx	Average Renewal /Month	Average no. of Prescriptions /Month
Puvirnitug	0	0	0	0	124	41	638	679
Inukjuak	98	24	195	219	126	62	513	575
Salluit	114	40	183	223	90	44	454	498
Kuujuarapik	55	15	104	119	65	45	302	347
Akulivik	30	23	44	67	32	30	157	187
Ivujivik	33	10	46	56	18	9	105	114
Umiujaq	36	8	75	83	34	9	208	217
Long-term care	-	2	40	42	7	2	40	42
<b>TOTAL</b>	<b>366</b>	<b>122</b>	<b>687</b>	<b>809</b>	<b>496</b>	<b>242</b>	<b>2,417</b>	<b>2,659</b>

## Laboratory



### No. of unweighted procedures

**122,719** at the IHC

**-2%** compared to 2018-19

**25,486** outside

**+0,5%** compared to 2018-19

### Syphilis

	18-19	19-20
IHC - Syphilis (VDRL) Non-treponemal antigen (Antibody)	3,161	<b>3,344</b>
Outside - Syphilis (VDRL) Treponemal antigen (Antibody) Elisa	3,778	<b>3,517</b>
<b>Number of procedures</b>	<b>6,939</b>	<b>6,861</b>

### Tuberculosis

	18-19	19-20
IHC - Expectations (Bacteriology)	123	<b>144</b>
IHC - Mycobacteria (NAAT) (Registered kit) on clinical specimen	278	<b>333</b>
<b>Number of procedures</b>	<b>401</b>	<b>477</b>

## Archives



	17-18	18-19	19-20
1- New files (all)	712	729	<b>727</b>
2- New files (births)	237	216	<b>253</b>
3- Files managed (departures, deaths, day surgeries, etc.)	1,628	1,505	<b>1,654</b>
4- Files used by the specialized services*	1,836	1,388	<b>3,907</b>
5- Requests for information (according to the financial management manual)	190	397	<b>718</b>
6- Files consulted for research	-	-	<b>0</b>
7- Access created: Sic-Plus	54	130	<b>136</b>

\*Each consultation with a specialist requires a note in the file. So a file manipulation for us or those who have to do it in the villages. The figure given represents the consultations in all the villages of the IHC.



# DIRECTION OF TECHNICAL SERVICES

## Exceptional events in 2019-2020

The year 2019-2020 was marked by **three unforeseen events**, which will have greatly required the **mobilization** of the Direction of Technical Services, in collaboration with all the directions of the Inuulitsivik Health Centre. All of them have been very responsive to ensure the safety of users and continue to provide services to local patients.

Among the unexpected events, **two fires**, one in the Inukjuak Reintegration Centre in June 2019 and one in the Puvirnituk hospital in February 2020, required **major urgent interventions** for which the expertise of our resources and their know-how were able to help limit as much as possible the negative impacts on our organization and our users.

Finally, the **COVID-19 pandemic** did not spare Nunavik. As with all health services, the implementation of measures related to COVID-19 generated many demands and needs, which involved all the staff of the Direction of Technical Services.

## Objectives achieved and main achievements - by service

Whether for construction or renovation projects, maintenance and repairs, transportation and accommodation, security, housekeeping or follow-up for biomedical equipment, all spheres of activity of the Direction of Technical Services have been called upon to support the various departments and services of the IHC, while continuing to develop our range of services..

The following is a summary of the 2019-2020 highlights, by service :

**MAINTENANCE AND REPAIR**

**TRANSPORTATION, HOUSING, PATIENT SERVICES**

**SANITATION AND SECURITY**

**BIOMEDICAL ENGINEERING**

**FIXED ASSETS**

**MAINTENANCE AND REPAIR**

**Request statistics  
OCTOPUS 2019-2020**

Type of requests	No. of requests
Requests for services	
- Additions	1,672
- Movings	
- Layouts	
Incidents	
- Repairs	2,930
- Modifications	
- Adjustments	
<b>TOTAL 2019-2020</b>	<b>4,602</b>
Planned maintenance requests	534

Note: On average, at least 10% of requests are not recorded each year and in this sense, the IHC has reached the level of **5,000 requests** (service requests and incidents) processed per year.

**EVOLUTION**

**+6%** compared to 2018-2019  
**+16,4%** compared to 2017-2018



Partial team - maintenance



Standard IHC vehicle

**Vehicle-related statistics**

No. of vehicles at the IHC	65
Repair costs since January 2020	193,000.00 \$ (+ tax)
Average repair cost per vehicle (in 7 months)	3,000.00 \$ (+ tax)
New vehicles purchased in 2020	5
Total cost of new vehicles in 2020	208 000 \$ (+ taxes)

The fleet of vehicles of the IHC represents an important stake in all the villages and the maintenance of these vehicles is primordial.

Also, we continue to replace and/or add new vehicles each year in order to renew our fleet.

## TRANSPORTATION, HOUSING, PATIENT SERVICES



### AIR TRANSPORTATION

**45,983**

bookings

**33,021**

trips

**+45%**

bookings compared to 2018-2019

**+22%**

trips compared to 2018-2019



### HOUSING

Since Decembre 2018

#### Development of SIRHI (*Inuulitsivik Computerized Housing Reservation System*)

The tool is currently being fine-tuned and finalized to be modelled on our reality at the IHC.

**3,258**

persons accommodated

in 2019-2020



No. of persons accommodated per village in 2019-2020

## SANITATION AND SECURITY

Sanitation and security are essential services for which many efforts and adjustments have been made in order to better respond to the many needs generated by the new context of COVID-19 pandemic prevention.



Partial team - Sanitation

### Statistics Sanitation

Community	No. of caretakers
Akulivik	5
Inukjuak	7
Ivujivik	1
Kuujjuarapik	3
Puvirnituaq	19
Salluit	9
Umiujaq	2
<b>TOTAL 2019-2020</b>	<b>46</b>

## BIOMEDICAL ENGINEERING

### Biomed requests statistics OCTOPUS 2019-2020

Type of requests	No. of requests
Requests for services	824
Incidents	956
<b>TOTAL 2019-2020</b>	<b>1,780</b>

### Statistics related to Biomedical devices

No. of devices listed	<b>2,600</b>
No. of suppliers listed	151
No. manufacturers listed	462
<b>TOTAL suppliers (2019-2020)</b>	<b>613</b>

The Biomedical service is in great demand, both for the hospital in Puvirnituq and in the villages. All the equipment must be **listed, prepared, checked** and possibly **replaced** as part of the three-year modernization plans.

**Maintenance and repair** are at the heart of this service activities and the **calibration** of several devices must be rigorously and efficiently monitored. In addition, it provides **essential expertise** in the use of equipment and **related training**.

## FIXED ASSETS

Renovation and construction projects occur in 2019 and new projects are underway in 2020. The following are some completed and upcoming projects (*see adjacent table*).

Some smaller projects were carried out by our internal fixed assets team, while projects subject to public tenders were carried out by general and specialized contractors, following plans and specifications prepared by professional architectural and engineering firms.

In total, the department manages **more than 90 projects** of varying sizes, for a planned investment of **more than \$20,000,000** in our infrastructures and facilities.

Some have been completed, some have just started and the rest will be done over the next few years.

### Fixed assets - renovations

Project	Location
Renovation of the cupboards and storage space in the laundry room	Hospital
Replacement of flooring and window coverings	Crisis Centre
Replacement of kitchen and bathroom cupboards in dwellings	3 dwellings
COVID-19 installations	Puvi-Inukjuak-Salluit-Akulivik

### Fixed assets - major construction

Major renovation of 2- and 4-unit buildings	675 and 677 in Salluit
Plumbing and window repairs	CLSC Salluit
Major renovation of a 4-unit building and a bungalow	306 and 401 in Inukjuak
Mechanical and electrical upgrade	Hospital

### Fixed assets - Furniture

Furniture for villages	Dwellings
Washing machines	Hospital Laundry
Furniture for private premises	Group Home
Furniture for offices	Offices in the villages

# ULLIVIK

### Main changes to services

In the spring of 2019, two senior Ullivik managers, the Director and the Head of the administrative department **left the organization**; their positions were still vacant on March 31, 2020. At the same time, Ullivik **terminated an expensive contract** with a service provider, saving \$500,000. Ullivik was managed by **half of the management team** until October. In November, a **new Interim Director** was appointed to support the existing teams, implement new policies and projects and propose a new administrative structure to the next Director of Ullivik.

A **midwife** is now stationed in Ullivik, two days a week, to support the team and supervise clients in the follow-up of at-risk pregnancies, postpartum, etc. Follow-up is now closer with the maternity services in the North and partners in the South.

The **liaison services model** is also being rethought to be offered by specialty groups - until now they have been offered by community. This reorganization is taking place in the deployment of a prioritized access plan to specialty services and with the arrival of new specialist physicians. At the same time, the development of the Service Request Dispatch Centre (Centre de répartition des demandes de services) is still underway.

### Objectives achieved and main achievements

**Regarding finance**, procurement and petty cash policies have been put in place. In addition, many expenses have been analyzed and cut (including unused rooms at the Quality Hotel and taxi vouchers). These efforts resulted in a **budget surplus** of almost \$750,000 in Ullivik for the year.

This year, oncology and pediatric/pedopsychiatry conducted a **closer follow-up** with the clientele, as well as better communication and collaboration with our partners. This has contributed to reducing the length of stay, and to provide better support to the teams in Nunavik.

As soon as the COVID-19 pandemic began, preventive measures were quickly put in place in Ullivik, which activated its **own COVID-19 strategy committee** on March 16, 2020.

**New issues and next priorities**

The arrival of COVID-19 has a significant impact on Ullivik and the projects underway. For the coming year, it is essential to **strengthen the management team**, by posting management positions and proposing a new administrative structure.

The **development of the social team** will also be continued, notably with the addition of a social worker (adult), a social worker (pediatrics) and a community worker and the optimization of the work of the human relations officer.

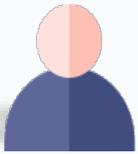
**Collaboration** between Ullivik's social and housing team and the Dorval police service will be maintained to set up a joint patrol.

With the **development of the Ullivikgo software**, it will be necessary to review the constitution and revision of stay summaries with the nurses.

The **transportation and housing department**, whose Interim Director has maintained day-to-day operations in the absence of a dedicated program manager this year, will be staffed by a new manager. An action plan will be deployed to ensure efficient quality service.

# 2019-2020 in some figures

Note: Data presented includes the Hudson and Ungava coasts.



**5,134**  
users

**+30%** compared to  
2018-2019

patients      escorts  
**3,095**      **2,039**



**9,488**  
confirmed stays

**+19%** compared to  
2018-2019

patients      escorts  
**5,990**      **3,498**

Graph: Evolution of the number of users (patients and escorts) 2017-2020



Graph: Evolution of the number of stays (patients and escorts) 2017-2020



**22,219**  
visits

**+8%** compared to  
2018-2019

## Specialities with the most visits this year:

Specialities	18-19	19-20	Evolution
Orthopedics	793	<b>905</b>	<b>14%</b>
Ophthalmology	1,159	<b>870</b>	<b>-25%</b>
Obstetrics	705	<b>784</b>	<b>11%</b>
Registration	668	<b>781</b>	<b>17%</b>
Pneumology	718	<b>717</b>	<b>0%</b>
Oncology	996	<b>692</b>	<b>-31%</b>
Medical Imaging	197	<b>646</b>	<b>228%</b>
Emergency medicine	9	<b>646</b>	<b>7,078%</b>

## Confirmed overnight stays

### Patients

	17-18	18-19	19-20
TOTAL NIGHTS	34,849	46,593	<b>45,472</b>
By location:			
Ullivik	21,507	28,011	<b>24,862</b>
Hospital	6,045	8,020	<b>9,060</b>
Hotel	5,127	8,328	<b>8,085</b>
On their own	2,170	2,234	<b>3,465</b>

### Escorts

	17-18	18-19	19-20
TOTAL NIGHTS	14,975	21,022	<b>29,504</b>
By location:			
Ullivik	12,259	17,112	<b>23,189</b>
Hospital	257	402	<b>820</b>
Hotel	1,844	3,037	<b>4,517</b>
On their own	615	471	<b>957</b>
Apartment	-	-	<b>21</b>



**55%** confirmed overnight stays for **patients** are in Ullivik  
**79%** confirmed overnight stays for **escorts** are in Ullivik

# DIRECTION OF HUMAN RESOURCES

*Note: This section concerns the Direction of Human Resources 2019-2020 highlights. Items that comply with MSSS guidelines such as "WORKFORCE PROFILE" and "MANAGEMENT AND CONTROL OF WORKFORCE" can found in the dedicated section of the annual report, on page 73.*

## Main changes to services

The Direction of Human Resources has undergone **some changes and additions to its staff**. After the Assistant Director of Human Resources left the Inuulitsivik Health Centre, a new Acting Assistant Director took over to support the team and ensure a transition until a new Human Resources Director is hired.

This year, the team also welcomed a new Human Resources Technician and a new Human Resources Advisor. Notwithstanding these new hires, the Direction of Human Resources was **understaffed** throughout the year.

## Objectives achieved and main achievements

We achieved our target below the benchmark of 5.19 set by the Ministry for our **wage insurance rate**.

A part-time **job-sharing pilot project** has been launched.

In order to improve employee satisfaction and reduce our turnover rate, the Direction of Human Resources created an **exit questionnaire** on Survey Monkey to understand the reasons why employees leave the Inuulitsivik Health Centre.

Another achievement of the year: **reclassification of the salary** scale for managers.

The Direction of Human Resources was also actively involved in **preparing the IHC for the COVID-19 pandemic**: attendance at committee meetings, distribution of information to employees to keep them informed of the rapid evolution of new measures, implementation of measures to protect employees, etc.

**New issues and next priorities**

**Stabilize the human resources team** by hiring the missing staff. This will allow us to develop new projects and implement new policies. The shortage of staff in 2019-2020 has prevented us from developing many aspects of human resources.

One of the objectives to be achieved will be to re-distribute the various aspects of payroll and human resources, and to develop a tool for monitoring and handling **disclosures of wrongdoing** at the IHC.

Finding ways to **promote Inuit employment**:

- New training programs will be developed in cooperation with the NRBHSS;
- Discussions with the school board: increasing graduation rates;
- To set up a better follow-up of the Marie-Victorin training course.

**Decrease our turnover rate**, in order to relieve the workload and financial burden on the whole organization:

- **Promoting full-time positions** by making them more attractive in terms of working conditions compared to temporary employees.;
- By developing tools to **support** new employees in their integration into communities and the work environment;
- By developing **new policies and guidelines**, including one for telework;
- By carrying out a **recognition program** for employees and activities.

Propose conditions conducive to the **advancement of employees** within our organization:

- By developing a managers succession program;
- Improving communication, **change management** and support to managers through more **training programs**.

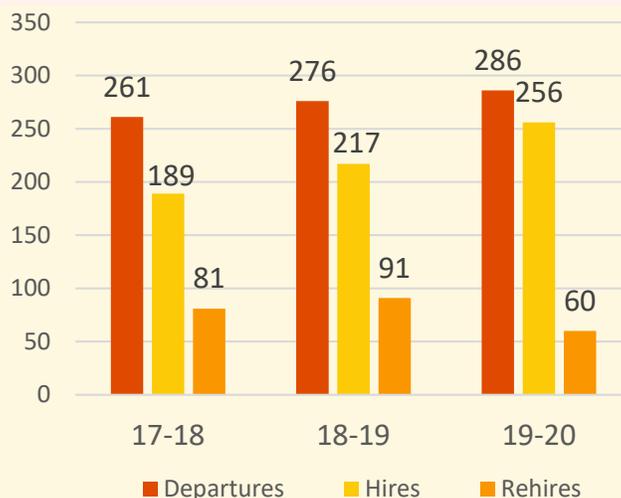
Continuing to roll out our **occupational health and safety culture** to improve and maintain our target.

# 2019-2020 in some figures

**815 jobs\***

\*filled in the network as of March 31, 2020 and having at least one hour, paid or unpaid, within three months of the end of the fiscal year. Persons who, as of March 31, are employed in more than one establishment are counted for each of these jobs.

## Staff movements during the financial period



## EAP – Employee Assistance Program

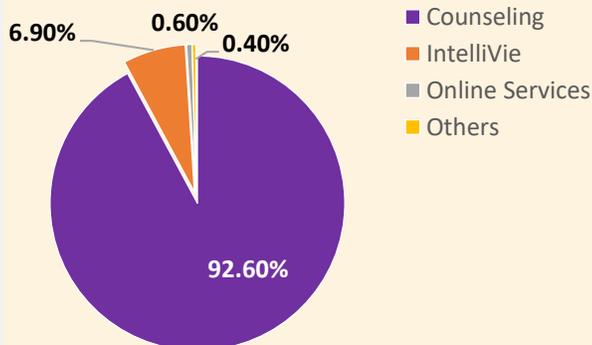
**54**  
files opened  
since May 1st, 2019

**5,7%**  
annual  
usage

- Lower rate compared to:
- *Homewood Health* (10,8 %)
  - Health care and social services network (11,5 %)
  - *Hospitals* (11,9 %)

**4/17**  
answers received to the  
satisfaction  
questionnaires sent out

### Services used



### Counseling

- **48,1% psychological health**
  - online CBT (18,5%)
  - anxiety (13%)
- **38,9% work**
  - critical incident / workplace crisis (14,8%)

### IntelliVie

- **75% legal info.**

### Online Services

- **1 access** for general online courses: how to manage stress

### Others

- **1 tele-advice** - support
- **8 deployments** – crisis management



# DIRECTION OF FINANCIAL, MATERIAL, AND INFORMATIONAL RESOURCES

*Note: This section concerns the highlights of the year 2019-2020 of the Direction of Financial, Material and Informational Resources. Items that comply with MSSS guidelines such as "USE OF BUDGETARY AND FINANCIAL RESOURCES BY PROGRAM" and "BUDGET BALANCE", "SERVICE CONTRACTS", "MONITORING STATUS OF RESERVATIONS, COMMENTS AND OBSERVATIONS ISSUED BY THE INDEPENDENT AUDITOR" can be found in the dedicated section of the Annual Report, on page 76.*

### Main changes to services

During the year 2019-2020, the Direction of Financial, Material, and Informational Resources welcomed a **new Director** and a new **Head of procurement**. An employee from the accounting department now works in the South, at Ullivik.

### Objectives achieved and main achievements

This renewal of the management team has been a key factor in resolving important issues this year, particularly in terms of **follow-up**. The implementation of certain tools and regular follow-ups will also ensure better control of the financial health of the various departments, and of the IHC in general.

One of the major projects this year was to **reduce the deficit**, which was projected at \$800,000 according to periodic statements as of January 2020. By the end of the fiscal year, the deficit was reduced to \$3,173.

The directors of all services have been able to benefit from regular meetings with the Director of Financial, Material, and Informational Resources in order to **monitor the health of their budget** and expenditure. New working tools have also been introduced, such as monitoring tables to avoid oversights and invoicing, for example.

Legal and financial **accountability** process has been done in accordance with standards and laws.

Finally, it was possible to allocate a budget to replace **computer equipment**.

## HIGHLIGHTS – Direction of Financial, Material, and Informational Resources

### New issues and next priorities

The priority of the Direction of Financial, Material, and Informational Resources will be to **respect the 2020-2021 budget**.

In terms of the next innovations for the service, the next step will be to set up a team to **negotiate contracts** by call for tenders and by mutual agreement.

Finally, the Direction plans to create an **internal procedure maps** for the purpose of efficiency and legal and financial protection of the establishment.

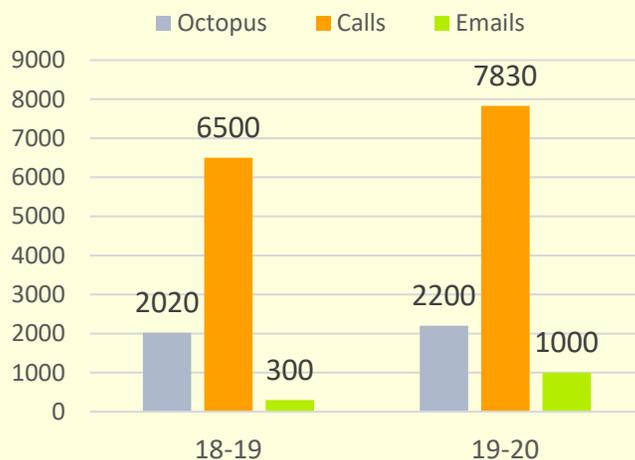
# 2019–2020 in some figures

## Information Technology

In addition to its daily missions, the IT team responded to the requests of our employees in all the villages of Hudson Bay, via:



(Evolution) Number of requests answered by



## Procurement

	18-19	19-20
Direct purchase orders	2,934	3,525
Direct purchase orders delivered	2,554	5,400
Deliveries (inventory requests) delivered	2,172	



# Risk and quality management activities



# RISK AND QUALITY MANAGEMENT ACTIVITIES

## THE SAFETY AND QUALITY OF CARE AND SERVICES

During the 2019-2020 fiscal year, the Inuulitsivik Health Centre was not in a position to improve its risk management processes. With the position of Senior Advisor - Strategic Planning vacant for most of the period, the progress of the work, although well underway, fell behind the targets the facility had set.

However, the Inuulitsivik Health Centre is pleased to announce that as of this writing, the position has recently been posted and we hope to fill this position in the coming weeks. The safety of our users is an issue that is at the heart of our concerns and that is why efforts will be made over the next year to put this file back on top of the agenda.

Here are the next objectives to be achieved in 2020-2021 :

- Making the SISSS portal accessible on all IHC workstations;
- Make the User and Manager Guides accessible;
- Carry out training and web capsules for users and managers;
- Mandate one pilot per service to accompany local staff in the framework of the declarations;
- Be well represented at the Regional Quality Table.

This year, the details of the AH-223 declarations for the establishment are as follows:

A total of **359 declarations** were completed between April 1, 2019 and March 31, 2020. .

However, the management report presented only takes into account **342**, as:

- 4 were cancelled because the declarant did not complete the form or submit his declaration for analysis;
- 2 were closed by the responsible manager;
- 1 whose manager's summary analysis is missing;
- 10 were put in status not covered by the responsible manager.

## RISK AND QUALITY MANAGEMENT ACTIVITIES

Table: Number of events by severity and type for the year 2019-2020

SEVERITY TYPE	Incidents		Accidents									Ind.	Comparison	
	A	B	Accidents					Sentinel Events			Ind.	19-20	18-19	
			C	D	E1	E2	F	G	H	I				
Falls	1	0	22	28	2	0	0	0	0	0	0	0	53	32
Medication	15	5	28	34	4	5	3	0	0	0	0	0	94	51
Treatment	3	3	1	5	1	1	0	0	0	0	0	0	14	7
Diet	0	1	0	0	0	0	0	0	0	0	0	0	1	0
Test Dx Laboratory	9	9	12	12	0	0	0	0	0	0	0	3	45	47
Test Dx Imaging	0	0	0	1	0	0	0	0	0	0	0	0	1	0
RDM/MMUU (sterilization)	4	1	0	0	0	0	0	0	0	0	0	0	5	1
Related to the building	1	4	0	1	0	0	1	0	0	0	0	0	7	3
Related to the material	3	5	0	2	0	0	0	0	0	0	0	0	10	14
Related to the equipment	6	7	1	6	0	1	0	0	0	0	0	0	21	9
Related to personal effects	2	2	0	0	0	0	0	0	0	0	0	0	4	0
Abuse, assault, harassment	0	0	1	1	0	0	0	0	0	0	0	0	2	2
Others	15	19	16	19	4	5	4	0	0	0	0	3	85	39
													<b>342</b>	<b>205</b>
% of all events	17%	16%	24%	32%	3%	4%	2%	0%	0%	0%	0%	2%		
<b>TOTAL 2019-2020</b>	<b>59</b>	<b>56</b>	<b>81</b>	<b>109</b>	<b>11</b>	<b>12</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>342</b>	
TOTAL 2018-2019	43	37	39	59	10	7	5	2	0	1	2	2	205	

### Comments:

- The increase of more than 40% in the volume of declarations this year is good news, showing that IHC employees are declaring more and more (although we are still far from the average for an organization of our size);
- Very high number in the category "Others" where misidentification, transportation, suicide, etc. are hidden. Indicators will have to be looked into and monitored more closely;
- Large increase for medication errors, falls and others will need to be inspected;
- The absence of a Sentinel event suggests that the definition of a Sentinel may not be clear and that training on the subject will need to be one of the next priorities.

QUALITY AND COMPLAINTS COMMISSIONER

## 134 complaints in total

(154 complaints in 2018-2019, an evolution of -12,99%)

Table: Nature of complaints and geographical or service origin for the year 2019-2020

	Access	Care and services	Human Resources	Material and physical organisation	Financial aspects	Rights	M.D.P.*	Others	TOTAL
Salluit		11	8	2	3	1			25
Ivujivik		2	2			1			5
Akulivik	1	6	4						11
Puvirnitug	4	11	5		2	3			25
Inukjuak		11	5			4			20
Umiujaq		3	4		1	1			9
Kuujuarapik	1	3	1			1			6
UII/Qua.		9	11			1			21
DYP			4						4
Ungava		4	1						5
M.D.P.*					1				1
Mtl			1			1			2
<b>TOTAL</b>	<b>6</b>	<b>60</b>	<b>46</b>	<b>2</b>	<b>7</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>134</b>

\* : MDP – medical, dental, pharmaceutical

- **46** have been rejected on the grounds of bad faith or frivolity, or transferred:
  - 17: frivolity or false information
  - 10: requests for medical escorts
  - 4: complaints of a criminal nature - transferred to the police
  - 2: complaints made by a third party
  - 13: others (no cooperation from the complainant, impossibility to reach a conclusion, lack of evidence, other personal problems that do not result from a medical complaint or in relation to a service)
  
- **88** were duly examined

### QUALITY AND COMPLAINTS COMMISSIONER (second part)

- **1** was sent to the coroner - as the complainant was not satisfied with the result of the analysis, the case was sent to a review panel - it is now in their hands;
- **88%** complaints were answered within the legal deadline of 45 days
  - 41% in 1 day
  - 29% in 2-5 days
  - 13% in 6-20 days
  - 5% in 21-45 days
- **12%** complaints were answered after the legal deadline of 45 days. One of the main reasons for delays beyond 45 days is related to the fact that some Inuulitsivik staff members take extended leave, leave the country or take sick leave and are absent for a period of three to six months or more.
- The following **corrective measures** have been implemented:
  - The user has obtained a second opinion from another doctor;
  - Medical appointment postponed in Montreal;
  - Reminder to DYP employees that they must identify themselves when they make a home visit and ensure that they are visiting the right person;
  - Confidentiality issues have been reminded for all employees of the Puvirnituk transit house;
  - One case was submitted to the coroner. The user was not satisfied and the case was submitted to the review committee;
  - Equipment provided to a young Inuk patient;
  - Granting of an escort;
  - Prohibition of an escort;
  - Reimbursement for foster care at the DYP;
  - Correct information given to users;
  - Assistance for the service;
  - Renewal of medicines;
  - Specific questions to the DYP and legal information to the complainant;
  - References to : Montreal Police, Kativik Regional Police Force (KRPF), Kativik Municipal Housing Bureau (KMHB) and Human Resources.

## RISK AND QUALITY MANAGEMENT ACTIVITIES – Application of user control measures – Quebec Ombudsman

### APPLICATION OF USER CONTROL MEASURES

In this annual report 2019-2020, the Inuulitsivik Health Centre presents data on the application of user control measures (art. 118.1 of the LSSSSH). With the advent of Bill P-38, the data has been better documented and protocols have been implemented. Monitoring of the evolution of these will begin at the next iteration of the annual report.

2018-2019	2019-2020
<ul style="list-style-type: none"><li>• 40 users in isolation</li><li>• 6 users under chemical restriction</li></ul>	<ul style="list-style-type: none"><li>• 141 users in isolation</li><li>• 5 users physical restriction (restraint)</li><li>• 22 users under chemical restriction</li><li>• 12 users with chemical and physical restrictions</li></ul>

### QUEBEC OMBUDSMAN

This year, the Inuulitsivik Health Centre has no new cases to report to the Quebec Ombudsman.

However, the organization feels it is appropriate to clarify last year's file, with respect to the complaint about water shortages that compromised the quality of care and risked harming the users of the CLSC in Inukjuak, all recommendations and follow-ups have been made. The situation had been addressed to the municipality and the NRBHSS.

This file will have made it possible to set up a contingency plan related to this type of situation, and also to identify the real needs in terms of clean and waste water reservoirs for the construction of the next CLSC in Inukjuak.

On August 18, 2020, the Quebec Ombudsman also sent a letter to the NRBHSS deeming the actions taken by the IHC to be satisfactory and at the same time confirming the closure of this file.

### CORONER

In their investigation report 2019-03473 concerning a death in the village of Salluit, the coroner recommended that the Inuulitsivik Health Centre **review its protocol for treating and following up on requests for professional services made by the health services.**

Several changes have been made in our procedures following the receipt of a service request by a partner. Some changes were made prior to the recommendations and others since the coroner's recommendation. For the past few years, any service request received from a partner must be documented in the file and the intervener must validate the request with the referred client.

However, we are actively working, particularly in Salluit but also in other communities, with our partners on referrals to social services. There is a tendency for many referrals to social services to be made without the client's knowledge, so the referral is made without the client's consent. In this context, it is not possible to offer services to a person who has not consented. The only exception to this rule is when there is a request related to an imminent risk (e.g., suicidal risk).

In the fall of 2019, record keeping training was provided to several social services employees. This training was offered by the OTSTCFQ (Quebec Order of Social Workers and Conjugal and Family Therapists) and organized by the NRBHSS. We are waiting for the next regional training session to register other stakeholders.

We have also set up a monitoring system carried out by our clinical advisors. Currently two and soon three clinical counsellors have the mandate to validate record keeping and to verify the follow-up by the interveners.

More recently, the clinical counsellors have reviewed the functions of the employees at the psychosocial reception in the villages of Salluit, Puvirnituq and Inukjuak in order to standardize the practice and ensure that we document all requests made to social services.

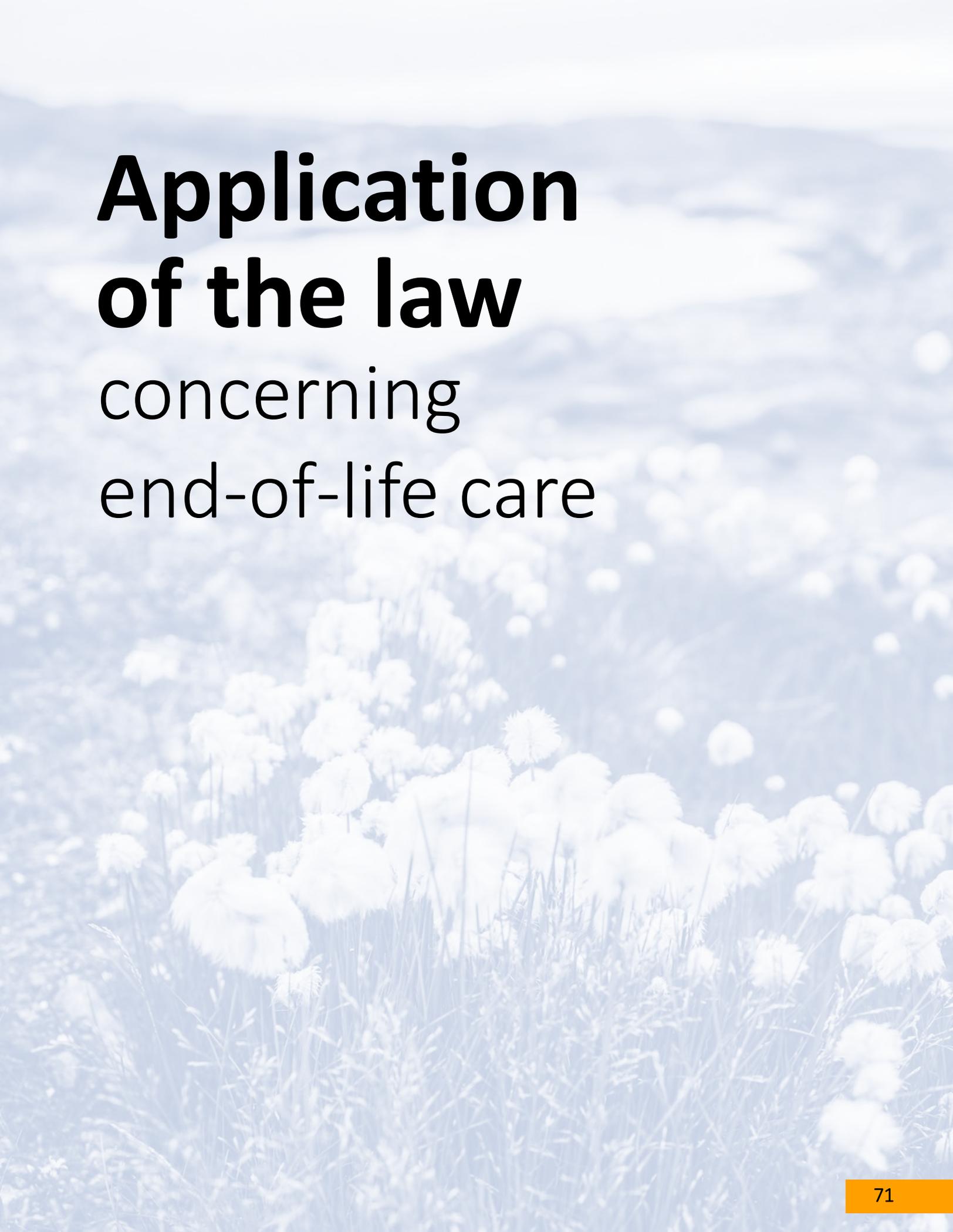
# PREVENTATIVE CONFINEMENT PER MISSION (P-38)

The Inuulitsivik Health Centre is required by the Act Respecting the Protection of Persons Whose Mental State Presents a Danger to Themselves or to Others (CQLR, chapter P-38.001) to indicate the number of persons placed under preventative confinement in the establishment, presented by type of mission, regardless of the fact that the same person may have been placed under preventative confinement at two different missions during the period beginning April 1, 2019 and ending March 31, 2020.

*Table: Number of persons under preventative confinement, per mission (April 1st, 2019 to March 31, 2020)*

	Inuulitsivik Health Centre			TOTAL
	13 y.o. and under	14-17 y.o.	18 y.o. and over	
<b>No. of persons under preventative confinement</b>	( <sup>o</sup> )*	40	133	<b>173</b>
<b>No. of requests for provisional custody presented to the court by the institution on behalf of a physician or other professional who practices within the establishment</b>	-	-	-	12
<b>No. of temporary confinement orders issued by the courts and executed</b>	-	-	9	<b>9</b>
<b>No. of requests for confinement under section 30 of the civil code submitted to court by the institution</b>	-	-	-	( <sup>o</sup> )*
<b>No. of individual users under confinement authorized by the courts under section 30 of the civil code and executed (including renewal of an authorized detention)</b>	-	-	( <sup>o</sup> )*	<b>(<sup>o</sup>)*</b>

(<sup>o</sup>)\*: number too small to allow publication



# **Application of the law** concerning end-of-life care

# APPLICATION OF THE LAW CONCERNING END-OF-LIFE CARE

Since the introduction of the *Act Respecting End-of-Life Care*, the Inuulitsivik Health Centre has not had any requests, nor has it administered any medical aid to die. However, this year, thirteen (13) people will have had recourse to palliative and end-of-life care, both in hospital and at home.

Table: Application of law concerning end-of-life care policy (April 1 to March 31)

Activity	April 19	May 19	June 19	July 19	Aug. 19	Sep. 19	Oct. 19	Nov. 19	Dec. 19		Jan. 20	Feb. 20	Mar. 20
									1-9	11-31			
Number of people in palliative and end-of-life care in short-term hospital centres	3	0	0	1	2	1	1	0	0	0	0	0	0
Number of people in palliative and end-of-life care at home	0	0	0	1	0	0	2	0	0	0	1	0	1
Number of continuous palliative sedations administered	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of requests for medical assistance to die made	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of medical aids to die administered	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of unadministered medical aids to die and the reasons for them	0	0	0	0	0	0	0	0	0	0	0	0	0

**TOTAL: 13**

# Human Resources



# HUMAN RESOURCES

## WORKFORCE PROFILE

*Table: Number of people employed in the organization as of March 31 and number of full-time equivalents*

	Number of jobs as of March 31, 2020	Number of FTEs in 2019-2020
1- Nursing and cardiorespiratory care personnel	109	96
2- Labourers, para-technical, and auxiliary personnel	220	131
3- Office personnel, technicians and administrative professionals	99	72
4- Health and Social Services technicians and professionals	291	221
5- Personnel not targeted by Law 30	42	20
6- Management personnel	54	52
<b>TOTAL</b>	<b>815</b>	<b>592</b>

Number of jobs = Number of jobs in the network as of March 31 of the year in question with at least one hour, paid or unpaid, within three months of the end of the fiscal year. Persons who, on March 31, hold a job in more than one organization are counted for each of these jobs.

Number of full-time equivalents (FTEs) = The full-time equivalent is an estimate of the number of persons that would have been required to perform the same workload, excluding paid overtime, if all had worked full-time. It is the ratio of the number of paid hours, which includes holidays, public holidays and other paid leave, as well as overtime taken as compensatory leave, to the number of hours in the job for a year, which takes into account the number of working days in the year.

MANAGEMENT AND CONTROL OF THE WORKFORCE

Table: Workforce Management and Control, per category of employment determined by the SCT

18456327 - CS Inuulitsivik	Comparison over 364 days for April to March		
	2019-03-31 to 2020-03-28		
Sub-category of employment determined by the SCT	Hours worked	Overtime	Total hours paid
1 – Management personnel	75,583	1,047	76,630
2 – Professional personnel	173,300	13,291	186,591
3 – Nursing personnel	182,253	19,666	201,918
4 - Clerical, technical and related personnel	511,230	23,878	535,108
5 - Workers, maintenance and service personnel	149,283	11,186	160,469
6 - Students and interns	0	0	0
<b>TOTAL 2019-2020</b>	<b>1,091,648</b>	<b>69,068</b>	<b>1,160,717</b>
<b>TOTAL 2018-2019</b>			<b>1,136,495</b>
		<b>Target 2019-2020</b>	<b>1,145,018</b>
		<b>Difference</b>	<b>15,699</b>
		<b>Difference in %</b>	<b>1.4%</b>

Total paid hours are somewhat above the planned target, due to the COVID-19 pandemic that began in March and the need for nursing management and professional and hospital services management in particular to devote more hours to this task, although all directions have been affected. It is very difficult to predict the hours in Nunavik as there are many elements that can come into play.

There has also been a high turnover of staff in all directions during 2019-2020. Retention remains an important priority for the Inuulitsivik Health Centre for 2020-2021.

# Financial Resources



# FINANCIAL RESOURCES

## USE OF BUDGETARY AND FINANCIAL RESOURCES PER PROGRAM

Table: Expenses per Programs-Services

Programs	Preceding Year		Current Year		Expenses Variation	
	Expenses	%	Expenses	%	\$	%
<b>Programs-Services</b>						
Public Health	\$4,553,237	3.4%	\$5,349,259	3.7%	\$796,022	17.5%
General Services— Clinical and Support Activities	\$16,748,419	12.7%	\$19,060,493	13.2%	\$2,312,074	13.8%
Support for Elderly Autonomy	\$7,825,976	5.9%	\$8,646,587	6.0%	\$820,611	10.5%
Physical Disability	\$884,494	0.7%	\$1,316,878	0.9%	\$432,384	48.9%
Intellectual Disability & Autism Spectrum Disorder	\$3,712,582	2.8%	\$4,073,418	2.8%	\$360,836	9.7%
Youth in Difficulty	\$17,348,293	13.1%	\$21,600,965	15.0%	\$4,252,672	24.5%
Addiction	\$61,205	0.0%	\$82,145	0.1%	\$20,940	34.2%
Mental Health	\$1,010,111	0.8%	\$1,117,132	0.8%	\$107,021	10.6%
Physical Health	\$51,364,199	38.9%	\$53,365,954	37.0%	\$2,001,755	3.9%
<b>Support Programs</b>						
Administration	\$10,429,715	7.9%	\$11,394,792	7.9%	\$965,077	9.3%
Support to Services	\$6,510,530	4.9%	\$6,616,345	4.6%	\$105,815	1.6%
Building and Equipment Management	\$11,734,182	8.9%	\$11,743,412	8.1%	\$9,230	0.1%
<b>TOTAL</b>	<b>\$132,182,943</b>	<b>100.0%</b>	<b>\$144,367,380</b>	<b>100.0%</b>	<b>\$12,184,437</b>	<b>9.2%</b>

For more information on financial resources, the financial statements included in the annual financial report AS-471 will be published on our website: [www.inuulitsivik.ca](http://www.inuulitsivik.ca)

### BUDGET BALANCE

Despite the legal obligation not to incur a deficit, the Inuulitsivik Health Centre filed a deficit of \$123,135.00 - deficit of \$3,173.00 for the operating fund and deficit of \$119,962.00 for the capital fund - for the 2019-2020 fiscal year.

It should be noted that the arrival of COVID-19 did not have much impact on the financial data for the fiscal year 2019-2020, as transactions related to the specific needs of the pandemic began in the last fiscal period (period 13 of 13) of the year 2019-2020.

Although the Inuulitsivik Health Centre is rarely in deficit, the deficit incurred for the year 2019-2020 in the "Operations" component is explained by the addition of temporary positions during the year, with no budget attached. The value of these temporary positions amounts to \$800,000.00. Despite the efforts of all departments, the Inuulitsivik Health Centre ended up with a deficit of \$3,173.00.

Stricter steps have been taken to avoid the creation of posts that do not have a budget attached and/or have not been completed according to their respective budgets. Although the monitoring procedure is already in place, monitoring of expenditure and its fluctuations will be reinforced to ensure that budgets are respected.

Regarding the deficit incurred for the year 2019-2020 in the "Capital Assets" category, when comparing past fiscal years (2017-2018, 2018-2019, 2019-2020), we note that the capital assets fund is often in deficit and that this deficit varies according to the annual budget allocated for capital assets by the Ministry. In past years, the deficit in the capital fund was absorbed by the surplus in the operating fund, when the operating fund was in surplus.

We note that the capital budget does not follow a constant trend of budget increases. The budget over the past three (3) years corresponds respectively to an increase in 2017-2018, a decrease in 2018-2019 and finally a slight increase in 2019-2020 (although less than the year 2017-2018). The current fiscal year would have been balanced if the Ministry had allocated a budget based on market cost trends, or if it had allocated the budget for the year 2017-2018, for example.

In summary, if the correlation between the budget and operating fund expenditures is in balance or surplus, the operating fund mitigates or offsets the deficit in capital fund spending, which is often in deficit due to non-unilateral fluctuations in the budget.

**BUDGET BALANCE – Corrective Measures**

It is therefore important that the "Operating" component be in balance, or even in surplus, so that it can absorb the deficit (if any) of the "Fixed Assets" component. The Inuulitsivik Health Centre must therefore proceed with an approach that combines the two components so that the statement of financial results for the year is not in deficit.

Since the Inuulitsivik Health Centre filed a deficit of \$123,135.00 for the 2019-2020 fiscal year, measures have been undertaken to make the necessary corrections and achieve a balanced budget for the 2020-2021 fiscal year.

The measures are preventive and/or corrective:

- Validation and feasibility of the amounts requested in the respective budgets of each direction;
- Monthly meetings with the directors at each financial period in order to follow the evolution of their respective budgets;
- Administrative support for the analysis of fluctuations in expenditure trends;
- Validation of invoicing and expenditure allocation methods for better monitoring of comparable indicator units;
- Search for methods of improvement, both in terms of processes and the search for savings.

**SERVICE CONTRACTS**

*Table: Service contracts, involving an expenditure of \$25,000 or more, concluded between April 1 and March 31 (excluding contracts negotiated by purchasing corporations and calls for tenders)*

	<b>Number of contracts</b>	<b>Value</b>
<b>Service contracts with an individual <sup>1</sup></b>	21	\$560,645.07
<b>Service contracts with a contractor other than an individual <sup>2</sup></b>	84	\$9,290,700.15
<b>TOTAL</b>	<b>105</b>	<b>\$9,851,345.22</b>

<sup>1</sup> An individual, whether in business or not.

<sup>2</sup> Includes private law corporations, partnerships, limited partnerships, or joint ventures.

## FINANCIAL RESOURCES – Monitoring of State Reserves, Comments And Observations Issued by Independent Auditor

### MONITORING OF STATE RESERVES, COMMENTS AND OBSERVATIONS ISSUED BY INDEPENDENT AUDITOR

Legend:

Column 3 "Nature"

R: reserve            O: observation            C: comments

Columns 5, 6 et 7 "State of the issue"

R: Resolved            PR: Partially Resolved            NR: Non Resolved

Description of reservations, comments and observations	Year 20XX-XX	Nature (R, O or C)	Measures taken to solve or improve the identified issue	Status of the issue as of March 31, 2019		
				R	PR	NR
1	2	3	4	5	6	7
<b>Independent auditor's report on the financial statements</b>						
Non-confirmation of accounts receivable (SANA/NIHB)	2017-18, 2018-19, 2019-20	R	None			X
Non-confirmation of accounts receivable (various invoices from the NRBHSS/MSSS)	2017-18	R	None			X
Write off accounts receivable SSANA of the NRBHSS 2017 and earlier according to letter dated May 29 from the MSSS not carried out	2018-19	R	None			X
<b>Independent auditor's report on units of measurement and hours worked and remunerated</b>						
n/a						
<b>Questionnaire to be completed by the independent auditor (external auditor)</b>						
n/a						
<b>Report on governance</b>						
The commitment management process should be reviewed	2018-19	O	- Ensuring that expired rental and service contracts are renewed within a reasonable time frame; - Periodic review of contracts.			X
Tendering policies and procedures are not systematically complied with	2018-19	O	- Establish a formal process where evidentiary documents are identified and retained. Note that the situation has improved in 2018-2019		X	

## FINANCIAL RESOURCES – Monitoring of State Reserves, Comments And Observations Issued by Independent Auditor

Description of reservations, comments and observations	Year 20XX-XX	Nature (R, O or C)	Measures taken to solve or improve the identified issue	Status of the issue as of March 31, 2019		
				R	PR	NR
1	2	3	4	5	6	7
<b>Report on governance</b>						
<b>The application of policies and procedures surrounding purchases is not systematically respected. This has created a problem, particularly with suppliers at Ullivik, a sub-centre of the institution.</b>	2018-19	O	<ul style="list-style-type: none"> <li>- Ensuring the monitoring of the application of the controls implemented in the procurement policies and procedures;</li> <li>- Review and systematically apply a new purchasing policy;</li> <li>- Make sure that members of management are involved in monitoring the application of the identified controls.</li> </ul>	X		

The table indicates a failure to follow the legal processes to be applied, resulting in contracts not being renewed within the time frame prescribed by Treasury Board. The absence of a Director of Finance and a Head of Procurement Service were important elements that unfortunately contributed to this laxity.

However, during the 2019-2020 fiscal year, the arrival of two (2) resources helped to improve the legal processes and procedures related to the negotiations, although the arrival of the COVID-19 pandemic slowed the process down.

An action plan has therefore been drawn up in order to catch up and implement the obligations. The Direction of Finance is setting up an institutional contract management team to address the inefficient structure that results in poor overall coordination of contracting processes (such as purchase orders, agreements, contracts, tendered and private contracts). The resources assigned to this contract management team will be required to hold the mandatory certifications required by Treasury Board, thus ensuring the quality and adherence to processes; the goal being to protect the Inuulitsivik Health Centre through the application of legal and financial processes that respect public funds.

# DISCLOSURE OF WRONGDOING

To this date, the Inuulitsivik Health Centre has not established a process for the disclosure of wrongdoing. In 2020, and following changes in their management team, the Direction of Human Resources will maintain a wrongdoing registry that will be shared in the next iteration of the Inuulitsivik Health Centre's annual report.

The Inuulitsivik Health Centre would like to thank all the people, our employees, professionals, regional partners and community organizations, who contribute to improving the well-being of communities on the Hudson Bay coast through their daily actions, commitment, and unwavering mobilization.

