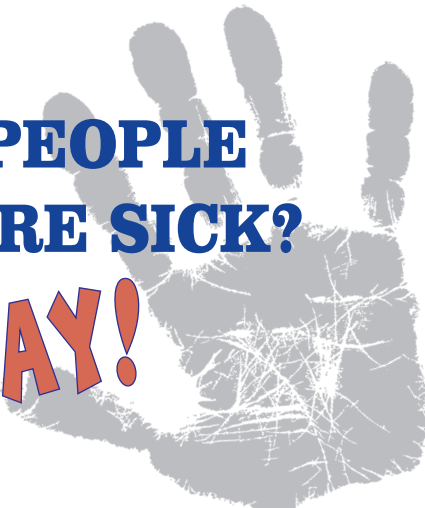


**TAX PEOPLE  
WHO ARE SICK?**

**NO WAY!**



# **ANNUAL REPORT**

# **2009-2010**

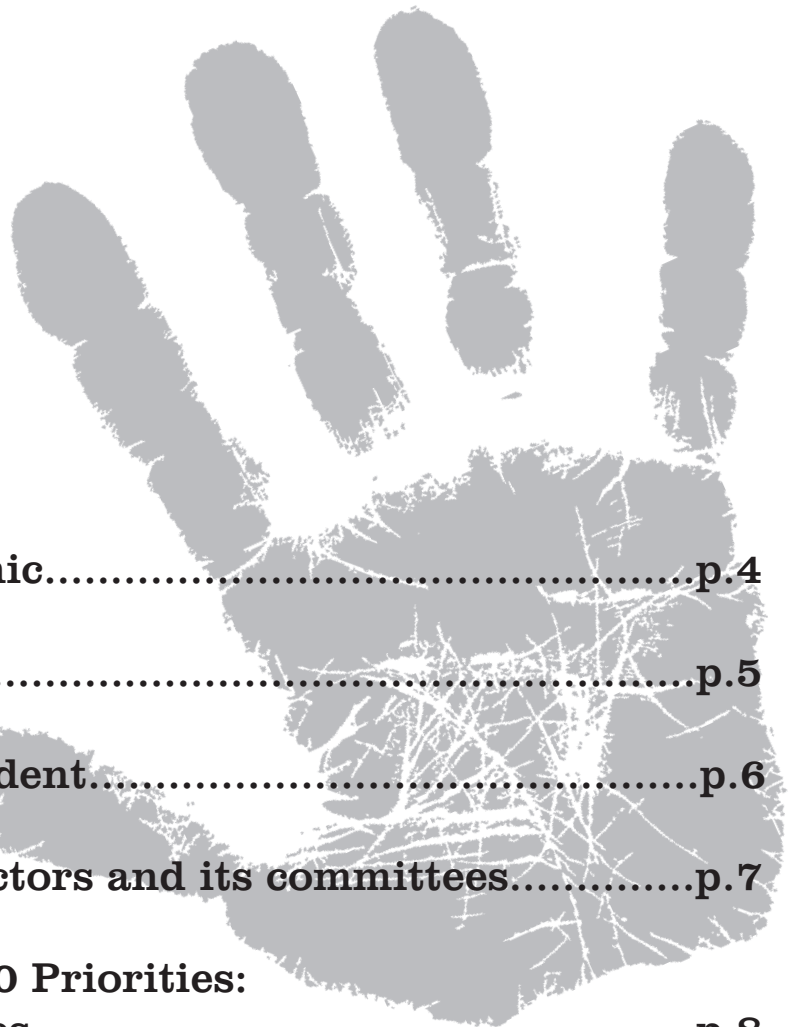
**POINT. ST-CHARLES COMMUNITY CLINIC**

**BECAUSE ACCESS TO HEALTH  
CARE IS A BASIC, NON-NEGOTIABLE  
RIGHT FOR EVERYONE**



**<http://ccpsc.qc.ca>**





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## **Mission and mandate**

The Point St.Charles Community Clinic is a citizen controled health organization whose objective is to organize both preventive and curative services and to regroup citizens around questions of health in order to improve health conditions in both the short and the long term.

The Community Clinic is a community agency that has concluded agreements with the Ministère de la Santé to deliver direct services as a CLSC in the territory of Point St.Charles.

Community residents are responsible for making decisions about the Clinic's policies and services and ensuring that the Clinic meets the neighbourhood's health and social services needs. The Clinic's policies are driven by a central conviction: health is an essential social right and it is non-negotiable.

## **Our values**

At the Clinic, much effort is deployed to implement measures to ensure that every person's dignity and autonomy is respected. It is in this spirit of mutual respect that neighbourhood women and men join with the Clinic's employees to respond in the best possible way to the community's expressed needs.

The Clinic works within a popular education framework so that citizens can become empowered to deal with the issues around health care from individual, collective and community perspectives. The Clinic, within a solidarity and social justice framework, works to develop the capacities of people, on an individual and collective basis, to act upon their health and general life conditions. The Clinic also strives to demystify professional power and share knowledge between health practitioners and neighbourhood residents.



# **Activities Report**

**A word from the president**

**Report: Board of Directors and its committees**

**Report: The 2009-2010 Priorities:  
Assessment of activities**

**Report from the Clinic's Teams**



Good evening,  
dear citizens of our neighbourhood,

We can safely say that we weren't idle at the Clinic this past year. We need only mention having to reorganize our services after the fire at our premises on Centre Street, or postponing our Annual General Assembly until September 2009, or holding two special general assemblies on the Statutes and By-laws, or the whirlwind of the famous H1N1 pandemic. In addition to our regular activities and services, all these events mobilized a great number of our resources this year. Apart from these specific events, we must underline certain important achievements.

### **Negotiations with the Agence and the Sud-Ouest Health and Social Service Centre (CSSS)**

Representatives from the Board of Directors and the coordinators met with the President and Executive Director of the Agence de la santé et des services sociaux de Montréal, David Levine, to outline certain problems of communication and sharing of responsibilities between the Sud-Ouest CSSS and the Clinic. Not everything is settled yet, but thanks to this meeting we were able to explain very clearly the Clinic's expectations, and subsequently the Board and coordinators team sent internal guidelines to the Agence.

### **Fight for the right to health**

Hiring a new community organizer finally allowed us to revive the Fight for Health Committee. The Committee set about determining the best approaches to the work and was very involved in the fight against the unfair measures contained in the Québec government's latest budget.

### **Communications and website**

Communications at the Clinic have greatly improved since the hiring of a communications officer. For example, in a few months our website went from registering fewer than 10 visits a day to over 100.

### **Development of our mental health services**

The Ministère de la santé undertook a large-scale reorganization of mental health services in Québec. Services were moved from psychiatric hospitals to CLSCs. Because of the reorganization, the Clinic was able to hire two new mental health workers.

### **Local Public Health Action Plan**

The Clinic teams and neighbourhood groups drew up a five-year plan of activities to promote health and prevent illness. The activities include, among others, food security, dental hygiene, assistance for pregnant women and young children, the environment and vaccinations.

### **Consolidation of our home care services**

After a complaint was made to the Ombuds person, the Home Care team introduced a set of measures and worked very hard to improve the quality of its services. We did so well that the Ombudsman's representative presented her final report to us last February with an honourable mention. We can be proud of this success and may it spur us on to pursue our goal of continually improving the quality of the Clinic's services as a whole.

### **Always room for improvement**

Although this year has ended on a positive note with respect to a number of the Clinic's activities and services, there is room for improvement in many areas. For example, we still have many gaps in our medical records management, in the reliability of our statistical data, in training for staff on the neighbourhood's challenges and the Clinic's history, and in renewing our technical equipment.

Whereas we must celebrate our successes, we must also recognize these weaker points and work to improve them in the coming year. You will find more details on what we will commit to in our "Proposed annual priorities for 2010-2011."

Together we can improve our neighbourhood's health and living conditions!

**Isabelle Marcotte**

Acting President of the Board of Directors



### **Members of the Board of Directors**

- *Isabelle Marcotte, Acting President*
- *Rebecca Rupp, treasurer*
- *Julie Bazinet, secretary*
- *Linda Ledoux, citizen*
- *Donald Nolet, citizen*
- *Tijani Dhaoui, citizen*
- *Pascal Lebrun, citizen*
- *Valérie Fleurent, staff representative*
- *Luc Leblanc, general coordinator*

Were also members of the Board:

- *Jonathan Savoie-Bernier, citizen, resigned on December 15th 2009*
- *Paula Bush, chairperson, resigned on January 12th 2010*

From June 2009 to June 2010, The Board of directors of the Clinic held twelve regular meetings.

### **Committee to Monitor Quality**

Briefly, the mandate of the Committee to Monitor Quality is to receive and analyze reports and recommendations sent to the Board of Directors on the subjects of relevance, quality, security and effectiveness of services delivered; respect for users' rights; and processing of users' complaints.

The Committee members are:

Rebecca Rupp, Isabelle Marcotte, service quality and complaints commissioner Michèle Bernier and senior consultant nurse Isabelle Thibault.

The Committee to Monitor Quality met three times this year. Together with the service quality and complaints commissioner, it worked on two of the year's priorities, namely:

1. Check whether individual intervention plans were carried out and how well
2. Check the quality of case file management

Although much work was done on these two priorities this year, the Committee felt that there was still room for improvement and decided to renew the two priorities for 2009-2010.

### **Auditing Committee**

The Auditing Committee's mandate is to make recommendations and advise the Board of Directors regarding the financial report and the external auditor's report.

The Committee members are:

Rebecca Rupp, Isabelle Marcotte, Julie Bazinet, Alain Martineau and Luc Leblanc.

The Auditing Committee met four times. It recommended to the Board of Directors that it adopt the auditors' 2009-2010 report together with their recommendations. It also recommended that the Board adopt the 2010-2011 budget.

### **Selection Committee**

The Selection Committee met several times to recruit 5 people following departures during the year (retirement, resignation, job change) and 26 other people to complete staff numbers on the on-call list.

The Committee members are:

Isabelle Marcotte, Tijani Dhaoui, Linda Ledoux and Pascal Lebrun.

### **Citizens Relations Committee (CRC)**

The Citizens Relations Committee's activities were suspended this year. However, one of the Committee's recommendations was implemented in November 2009, that is, conducting a monthly survey on user satisfaction.



## REPORT OF ACTIVITIES

## PRIORITIES 2009-2010

### 1. Consolidate and develop citizen participation

#### 1.1 Special general assembly

Adopt the amendments to the Clinic's Constitution and By-laws and ensure that the recommendations of the 2008-2009 expanded Board of Directors are followed up.

#### 1.2 Green Clinic Committee

Assess the Clinic's environmental practices and adopt a work plan and timelines to change practices.

#### 1.3 Public Meeting on the Influenza A pandemic (H1 N1)

Organize a public meeting on the Influenza A pandemic (H1N1) including a critical perspective on the use of vaccination.

#### 1.1 Special General Assembly

The amendments to the Clinic's By-laws were a major focus this year. First they were the subject of consultations with M<sup>e</sup> Lise Ferland, from Pointe-Saint-Charles-Petite-Bourgogne Legal Services. Then they were discussed at two Board of Directors meetings. Last they were improved in two consultation meetings attended by some 40 local citizens in March and April 2010.

#### 1.2 Committee for a Green Clinic

Due to the fire, the temporary relocation and the vaccination campaign against the A(H1N1) pandemic, the Committee for a Green Clinic suspended its activities until the spring of 2010. Karine Rigal-Dupont, a Master's student in Environmental Science at the Université du Québec à Montréal and intern at the Clinic, was recruited to reactivate the Committee and suggest actions to make the Clinic more environmentally friendly. Part of her mandate is to put together a description of environmental practices and to evaluate the greening potential of the Clinic by making a set of recommendations.

#### 1.3 Public meeting on the A(H1N1) pandemic

The fall of 2009 will go down in history as the time of the A(H1N1) pandemic. On June 11, 2009, the World Health Organisation (WHO) sent out a worldwide pandemic alert concerning this virus. Mass vaccination campaigns were organized around the world.

The Clinic organized an information meeting on the subject, held November 3, 2009. Some 100 people attended. In the following weeks, that is, from early November to the end of December, vaccination centres began to operate throughout the province. In the end, 57.3% of Québec's population was vaccinated.

Since then, a number of scientists, especially in Europe, have severely criticized the WHO for being unjustifiably alarmist throughout the campaign.





<h2 style="text-align: center;">REPORT OF ACTIVITIES</h2>	
<h3 style="text-align: center;">PRIORITIES 2009-2010</h3>	
<p><b>2. Consolidate and develop health promotion activities with neighbourhood groups using a community approach</b></p> <p><b>2.1 Urban planning</b> In collaboration with the neighbourhood community organizations, continue the work of the Clinic as concerns urban planning and development issues with the objective of maintaining the population in the area and improving the health and the overall quality of life of the residents.</p>	
<p><b>2.2 Stay in school</b> Introduce an action plan to prevent children from dropping out.</p>	
<p><b>2.3 Food security</b> In collaboration with community groups, continue our work on the issues related to food security.</p>	
<p><b>2.4 Fight for the right to health</b> Set up a committee to carry out the proposal adopted at the June 17, 2008 general assembly, namely: <i>Continue citizen mobilization for the right to health, for a universal, accessible and free public health system and against the privatization of health care services; and bring together citizens to discuss the issues and develop with them an action plan to facilitate access to services in both the Clinic and the health care system as a whole.</i></p>	
	<p><b>2.1 Urban planning</b> The Clinic continues to support the People's Urban Planning Project (OPA), which, this year, worked to save Congrégation Park; improve other parks and collective equipment, especially in the Centre Saint-Charles area; and improve the library (Saint-Charles axis). The Clinic also sits on the urban planning committee of the Action Watchdog concerted action table, which spent the better part of the year mobilizing around the development of the former CN yards.</p>
	<p><b>2.2 Stay in school</b> The Early Childhood and Family team organized a contest to encourage young mothers and young expectant mothers to go back to school. At the close of the contest, called "I'm going to get my diploma," ten participants won a great many prizes that the team obtained from project sponsors (cash prizes, dictionaries, gift certificates, etc.). The contest made the front page of the June 3, 2010 issue of <i>Voix populaire</i>. The Clinic also continued to be represented at the neighbourhood's youth concerted action table and the addiction project.</p>
	<p><b>2.3 Food security</b> The Clinic sits on the Action Watchdog concerted action table for food security. This year the committee documented the supply of fruits and vegetables in the neighbourhood and public transport service. It conducted a survey of citizens to measure the extent of the problem of access to different foods in the neighbourhood. The committee is preparing a neighbourhood event for the fall.</p>
	<p><b>2.4 Fight for the right to health</b> The Board of Directors set up a new Fight for Health Committee, and a community organizer was put in charge of the dossier. The Committee worked to analyze courses of action that would be most fruitful and most likely to mobilize the citizens of Pointe-Saint-Charles to fight for the right to health in the short, mid and long term. The Committee also carried out and helped carry out several actions and activities against the unfair measures in the Bachand budget: presentations during staff meetings, lunchtime talks, participation in demonstrations by the Coalition against Fee Increases; it organized a debate between the Institut économique de Montréal and Économie autrement, published an article in <i>Voix populaire</i>, hung a giant banner on the façade of the Clinic on Ash Avenue, etc. Apart from taking action against the Government of Québec's most recent budget, the Committee fully intends to continue its analysis to come up with a more offensive than defensive approach and increase its numbers in the fall of 2010.</p>



## REPORT OF ACTIVITIES

## PRIORITIES 2009-2010

<p><b>3. <u>Improve accessibility and adapt services to the population's current needs</u></b></p> <p><b>3.1 Documents to introduce services</b> Write documents describing in detail the Clinic's services and activities as well as the ways to access them, with a particular focus on newly arrived residents.</p> <p><b>3.2 Autonomous elderly persons</b> Introduce a nursing resource to better serve the neighbourhood's autonomous older people.</p>	<p><b>3.1 Document to introduce our services</b> Work has begun on a document to present the Clinic's different services in a simple but detailed manner. The document should be published in the fall of 2010.</p> <p><b>3.2 Autonomous elderly people</b> A nursing resource was introduced by changing a job position into a one-stop service position to attend to frail, autonomous and mobile elderly persons. This makes it easier to reach these people while doing more prevention and health promotion work with them. At present the Home Care team is working on setting up a service to care for this group on the Clinic's premises.</p>
<p><b>4. <u>Improve service quality through effective and efficient resource management</u></b></p> <p><b>4.1 Conseil québécois de l'agrément</b> Apply the recommendations of the first year of the three-year plan to improve services.</p> <p><b>4.2 Surveys by the Citizens Relations Committee (CRC)</b> Conduct the surveys needed for a continuous assessment of services.</p> <p><b>4.3 Home care</b> Continue applying the Ombudsman's recommendations when organizing home care.</p>	<p><b>4.1 Conseil québécois de l'agrément</b> Since we obtained our certification with the Conseil québécois de l'agrément in February 2009, a number of recommendations contained in the improvement plan were or are being implemented. The Clinic now has a tool that continuously monitors user satisfaction. It has introduced a means to evaluate the staff's contribution. It has taken measures so that customized service plans are carried out more systematically. It has improved housekeeping, cleanliness and safety on the premises, and has made other improvements. There are, however, still some important areas to improve, for example, the reliability of our statistics and the quality of our medical records management.</p> <p><b>4.2 Surveys by the Citizens Relations Committee (CRC)</b> We contracted the services of the Cubic 3 polling firm. The firm has been conducting monthly polls of user satisfaction since December 2009. The Clinic can therefore follow changes in the results and compare them month by month.</p> <p><b>4.3 Home care</b> Following a complaint filed with the Ombudsman, the Home Care team introduced a set of measures and worked very hard to improve service quality in its sector. It did so well that the Ombudsman's representative delivered her final report to us with an honourable mention last February. We can be proud of this achievement and draw inspiration from it to pursue our goal of continuously improving service quality.</p>



<b>REPORT OF ACTIVITIES</b>	
<p><b>PRIORITIES 2009-2010</b></p> <p>5. <u>Ensure the availability and development of qualified staff</u> Organize staff training activities on the realities and history of the Clinic and the neighbourhood.</p> <p>6. <u>Ensure the development of financial, material and information resources</u> Complete the pay equity program and ensure the security of the computer system by upgrading the servers.</p>	<p>Visits in the neighbourhood aimed at making known major community issues and the neighbourhood's history were gradually resumed during the year. Other activities with the same purpose should be developed and carried out in the coming year.</p> <p>At the end of a process lasting several months, we submitted our pay equity file to the Commission de l'équité salariale in December 2009. The Commission should hand down its decision in the coming months. Regarding the security of our computer system, some activities were carried out in 2009-2010, but they should continue in 2010-2011.</p>



## **Adult Team**

### **Mandate:**

The Adult Mental Health team offers health and psychosocial services to all adults aged 25 to 65. The aim is to maintain or enhance the physical, psychological and social well-being of people living in the Pointe St-Charles area.

### **Services provided:**

The Adult team provides multidisciplinary services (nurses, social workers, doctors at the Clinic) with medium- and long-term follow-up. Apart from this general mandate, the team collaborates with Douglas Hospital to offer diagnostic and follow-up psychiatric services. The team also works with local resources, community groups and groups from institutions.

### **Specific activities in 2009-2010:**

The year 2009-2010 was a very busy one for the team as a whole, due to both internal and external factors. The fire at the Centre Street service point in May 2009 meant the team had to adjust to another environment and change its work organization. The forced move had repercussions for users, many of whom found it more difficult to come to meetings. The team took some measures (letters and phone calls) that in part allayed users' fears and doubts. The move did have some positive features, however. For the first time, the whole team was at the same service point, which meant that members developed a greater cohesiveness and took the opportunity to strengthen their professional expertise. When the Centre Street service point reopened, we had learned from the experience and thus the whole team was relocated under the same roof.

In April 2010 two new professionals were added to the team, namely an educational psychologist and a psychologist. The addition was due to the redeployment of funds allowed by the Agence under the new mental health policy. The new specialists will provide support to the Adult team practitioners and will also benefit the Clinic's other programs by playing a consultative role.

The team was also able to renew its interest in partnering with community groups in mental health. By organizing activities for Mental Health Week in April 2010, we raised citizens' awareness of the question of social support and the importance of a network, and this led to setting the stage for more formal exchanges on problems such as housing.

## **Childhood-Family Team**

### **Mandate:**

The Early Childhood and Family team provides a variety of services for families with young children (0 to 5 years) and pregnant women. The aim is to facilitate the birth and development of healthy children in Pointe-Saint-Charles. The team offers parents help in establishing a bond with their child and in learning and developing parenting skills.

### **Services provided:**

The team consists of nurses, social workers, family care workers, and nutritionists. It offers:

- Nursing, nutritional, psychosocial and educational assistance (provided to one or more family members on request);
- Checkups during pregnancy;
- Prenatal classes;
- Meetings with young pregnant women;
- Club bébé (0 to 9 months): group of young parents to break out of isolation, promote support and solidarity, and allow families to trade their respective skills;
- Breastfeeding workshops;
- OLO (EMO) Program for pregnant women (in certain circumstances, women are given access to eggs, milk and orange juice free of charge);
- Activities organized with other neighbourhood resources (Familles en Action, Saint Columba House, etc.);
- Referrals to other resources;
- Free vaccinations.

The Clinic also offers medical checkups during pregnancy and for children aged 0 to 5 years.



## **Specific activities in 2009-2010**

While ensuring access to first line services, the team continued its work on specific projects related to promoting breastfeeding (new breastfeeding room on Ash Street, steps taken to make known the Clinic's breastfeeding policy), early development in children (Club bébé), etc. The team is also anxious to encourage young people to stay in school and therefore began a contest called "I'm going to get my diploma!" to help young mothers go back to school. This project was a success, with close to 11 contest participants and "graduates." The team has kept up its cooperation with local community groups and is thinking about the best way to reach out to a population that has been changing in the past few years. In this connection, the pamphlet on prenatal meetings for pregnant young women was updated. Moreover, a member of the team sits on the youth concerted action table.

## Youth Team

### **Mandate:**

The Youth team offers health and social services to young people ages 6 to 24 and their families. Its comprehensive, interdisciplinary approach brings together biological, social, environmental and community aspects of health.

### **Services provided:**

The team consists of two nurses, two social workers and an educational psychologist. A doctor is attached to the team.

- Walk-in nursing service for young people aged 14 to 24, Monday to Friday, from 3:30 p.m. to 4:30 p.m. for emergencies (e.g., emergency contraception, symptoms of sexually transmitted diseases and blood borne infections, etc.);
- Contraception;
- Gynaecological examination;
- Screening for STDs and blood borne infections, and pregnancy test;
- Sexual health education;
- Help for parents, children and families going through difficult times;
- Support services for families who have children with disabilities;
- Mental health services (suicidal thoughts, depression, anxiety, etc.);
- Vaccinations for 6- to 24-year-olds.
- Several preventive services can also be provided.

Services are dispensed at the Clinic, 1955 Centre Street, or at home, depending on individual needs. The team also works closely with a number of neighbourhood youth groups on preventive projects.

## **Specific activities in 2009-2010:**

The team continued to participate in the addiction committee of the youth concerted action table and became involved in the youth service cooperative. It also took part in the intellectual impairment concerted action table. It organized access to vacation camps for some 50 families from the neighbourhood. It coordinated a number of families' attendance at the yearly holiday season brunch hosted by the Hard Rock Café. On two occasions the team tried to set up parents of teens groups in cooperation with Familles en action. Despite publicizing the activity extensively, it was cancelled because no parents signed up.

## Community Planning and Development Team

### **Mandate:**

The Community Planning and Development Team's mandate is to mobilize neighbourhoods to improve their health and living conditions. This kind of action is developed in close cooperation with neighbourhood groups. The team also has the role of analyzing and conveying its thoughts on the neighbourhood's current situation, with a view to support the groups, actions and to help the Clinic's teams develop their community actions. It also has an advisory role with the General Coordinator and the Board of Directors in developing positions to adopt and action strategies.

### **Services provided:**

The team is made up of three full-time community organizer positions. Unfortunately, in 2009-2010, it was not at full strength. For part of the year, two people were working and for the other part, only one despite the effort made to fill the positions.



## **Specific activities in 2009-2010:**

While she continued her commitment to the People's Urban Planning Project (OPA), the community organizer representing the Clinic at Action Watchdog sat on the Board of Directors of this coalition of neighbourhood community groups. She also worked on food security, supervising a trainee and carrying out a survey on the subject. Another community organizer took over on Action Watchdog's Urban Planning Committee, participated in the revival of the Clinic's Fight for Health Committee, sat on Action Watchdog's Rights Committee and, with them, organized a public meeting and debate on the Québec government's latest budget. All that was done despite the fact that a community organizer position remained vacant for part of the year. The team also took part in organizing various special meetings (H1N1 and Statutes and By-laws) and in the review of the local public health action plan. It is also important to mention the involvement of the communications officer in the Fight for health committee, in the local committee of the World March of Women 2010, as well as her work in the revision of the various promotional documents of the Clinic, and the updating of the website to promote easier access to information as regards the services offered by the different teams at the Clinic.

## **Administrative Services**

### **Mandate:**

The Administrative Services Coordinating team sees to developing and carrying out the Clinic's human resources, financial, material and information activities. It provides administrative services to the staff and work teams, and support for specific Clinic projects.

### **Services provided:**

Where human resources are concerned: It sees to hiring new employees, applying the collective agreements, enforcing occupational health and safety measures, and is in charge of the payroll. Another set of its duties is implementing regulations regarding staff, for example, pay equity or psychological harassment.

Financial resources: The team ensures that financial reports are prepared; it draws up the annual budget, introduces internal control measures and pays the bills.

Material resources: It makes sure the premises are maintained in keeping with hygiene and health standards (housekeeping, snow removal, etc.) along with the material resources of the Clinic's two points of service (furniture, equipment, etc.). The team is also in charge of purchases and the transportation service for users.

Information resources: The team concerns itself with the efficient operation of the telephone system and sees to the computer network's development and security.

Last, the team members provide logistic support for activities organized by the Clinic in the community: general assemblies, political actions, etc.

## **Specific activities in 2009-2010**

While ensuring its support for existing projects, the Administrative Services Coordinating Team is involved in setting up an associated family medicine group (FMG) with a view to improving medical services and access to them in our area. The team plans to free up a room for a physician when the basement on Centre Street is remodelled.

The team kept in contact with the Agence de la santé et des services sociaux to secure a budget for medical equipment and to finish the remodelling work in the Centre Street basement. The Clinic now has file storage rooms, meeting rooms, lounges, rooms to store equipment and other facilities. Moreover, together with the unions, the team began drawing up the pay equity plan. It coordinated the process of appreciation for the staff's contribution and held meetings regularly with the labour relations committees' union representatives.

The Administrative Services Coordinating Team prepared financial reports by department. The 2009-2010 budget planning was done in cooperation with the people in charge of the budgets concerned, that is, the coordinators and senior consultants. Last, a new financial resources management computer system was set up.



## School team

### **Mandate:**

The School team provides health and social services to youngsters aged 4 to 17 who attend Pointe-Saint-Charles schools: Jeanne-Leber, La Passerelle, Charles-Lemoyne, St-Gabriel and Vézina. It also serves the young people's families.

### **Services provided:**

The team consists of two nurses, two social workers and two dental hygienists, who are present in the schools. It provides different services to the children and families at large as well as to those experiencing particular difficulties.

Specifically, the social workers do individual and family follow-up when problems are affecting children's academic results. The team has also developed an array of educational and preventive programs adapted to respond to needs expressed by young people or their parents.

Treatment programs are also available. The dental hygienists do screening, prevention, individual care and group talks on dental health. The nurses also do screening, vaccinate students, do eye tests and give group talks on hygiene, healthy habits, prevention, sexuality, etc.

### **Specific activities in 2009-2010:**

Carrying on last year's work, the School team aims to promote health and prevent various problems, e.g., oral health, vaccine coverage, and prevention of physical and sexual abuse. In addition to visiting schools, the dental hygienists also worked at Saint Columba House and Familles en Action. The team also collaborated on specific matters with Share the Warmth, the Informel project and various vacation camps. The nurses practise prevention by checking vaccine coverage and immunization in grade 4 of primary school and grade 9 of high school, and they promote healthy lifestyles. The social workers do prevention interventions in class or small groups, where they teach healthy lifestyles, how to adjust to difficult situations, etc. This year the team worked on its frame of reference (definition of team members' roles) to provide better information and better access to the team's services.

## Home Support team

### **Mandate:**

Home Care is a program to assist the elderly and/or people who are losing their autonomy and wish to live at home for as long as possible.

Since citizen participation is at the heart of the Clinic's mission, Home Care is premised on respect for users' choices, their culture, values and integrity, in addition to their physical and moral capacity. Thus Home Care teams up with you to preserve and improve your quality of life in secure circumstances.

The team offer its services to all citizens in the neighbourhood who have temporary or permanent impairments and who must receive some or all of their care at home (disability, convalescence, palliative care, loss of autonomy, etc.); to family caregivers and to people aged 65 and older who need psychosocial support.

### **Services provided:**

The Home Care team offers preventive and treatment services in the following areas:

- Medical services; ,
- Nursing care;
- Psychosocial services;
- Personal care;
- Rehabilitation;
- Evaluation of home adaptation;
- Respite for family caregivers.

### **Specific activities in 2009-2010**

The Home Care team continued to assist the Conseil des aînés. It is also a partner in the Cité des bâtisseurs project, the goal of which is to build a residence with services for autonomous elderly people or those with mild loss of autonomy.

The team got involved in Saint Columba House's pilot project called Meals on Foot, aimed at providing shut-ins with hot, nutritious meals. It also continued its representations in the Regroupement des organismes pour aînés du sud-ouest de Montréal (ROPASOM).



A nursing resource was introduced by changing a job position into a one-stop service position to attend to frail, autonomous and mobile elderly persons. This makes it easier to reach these people while doing more prevention and health promotion work with them. At present the team is working on setting up a service to care for this group on the Clinic's premises.

Last, the Home Care team achieved its objectives regarding the Ombudsman, who closed our file while stressing the excellent work done to continually improve service quality.

## Intake / Regular Services

### **Mandate:**

As the name suggests, this team receives people who contact the Clinic wanting health or psychosocial services and assesses their needs. The team provides short- and medium-term support services, health care and social services to a population of all ages. Its approach is a global interdisciplinary one, bringing together the biological, social, environmental and community facets of health for the population as a whole.

### **Services provided:**

Intake / Regular Services is often the team that makes the first contact between citizens and the Clinic. It provides accessible, continuous nursing care and medical and psychosocial services, with or without an appointment. It is in charge of sample collection services (blood tests, etc.) and vaccination services. The team also handles less visible administrative and technical services such as general information, referrals, phone calls, file management and booking appointments.

### **Specific activities in 2009-2010:**

The year was especially rich in new developments since the whole Clinic had to be reorganized after the fire on Centre Street. Moreover, the coordinator left and the new one, Ms. Danièle Estérez, had to be integrated. Then a number of team members went on maternity leave, on sick leave or left for other reasons. All this meant making a lot of adjustments.

Nonetheless, the team continued its regular intake work, needs assessment, treatment and/or directing users to the appropriate services as they came to the Clinic with psychosocial or medical problems.

It also maintained its involvement in the Right to Health action plan through vaccinations and prevention work in many areas such as diabetes and, particularly this year, the A(H1N1) 'flu.

With the arrival of more physicians over the last few years, the number of users has increased, and this has meant a heavy workload for "support staff." We therefore undertook a detailed study of the organization of the secretariat, archives and intake, with a view to doing a complete overhaul of this sector in the coming year. We're aware that the increased traffic for secretarial and intake staff caused communication problems with users and we're hoping to improve matters greatly with the overhaul.

The emergency rooms on Ash and Centre Streets were remodelled to allow for more efficient intervention and, with the idea always in mind of improving accessibility to medical services, a doctor's office was set up on Centre Street to receive users.



# **Report on Processing of Complaints**





## COMPLAINTS : A SUMMARY

Period : April 1st 2009 to March 31st 2010

NATURE OF COMPLAINT	COMPLAINT	ASSISTANCE	TOTAL
Accessibility	1-1-1		3
Health Care and services	1-1	1-1	4
Interpersonal relations			
Building safety and security	1		1
Financial question			
Specific rights		1	1
Other			
Sub-total			
Medical complaints			
<b>Total</b>	<b>6</b>	<b>3</b>	<b>9</b>

### Average delay in treating a complaint

**6** (in number of days)

	2008-2009	2009-2010
Complaint files	9	6
Files assistance	1	3
<b>Total</b>	<b>10</b>	<b>9</b>

Second-level examination		
Parlementary Ombudsman	1	--

# **Financial Report**



# Financial Report



## General Fund

Balance Sheet as of March 31 2010

<b>ASSETS</b>	<b>2009</b>	<b>2010</b>
Cash	875 937 \$	418 602 \$
Accounts receivable-Agency & MSSS	57 792 \$	696 227 \$
Medical supplies	13 828 \$	16 389 \$
Prepaid expenses		2 734 \$
Owed by the Capital Asset fund	80 383 \$	275 609 \$
Accounting Reform-Accounts receivable	832 099 \$	780 689 \$
	<hr/>	<hr/>
<b>TOTAL OF ASSETS</b>	<b>1 860 039 \$</b>	<b>2 190 250 \$</b>
	<hr/> <hr/>	<hr/> <hr/>
 <b>DEBTS</b>		
Debts - Agence and MSSS	153 645 \$	68 086 \$
Account payable suppliers	239 298 \$	596 413 \$
Salaries and government deductions	383 282 \$	333 539 \$
Variation fringe benefits	832 099 \$	801 835 \$
Revenue carried over	71 806 \$	13 106 \$
Others components of debts	29 681 \$	61 448 \$
	<hr/>	<hr/>
	<b>1 709 811 \$</b>	<b>1 874 427 \$</b>
<b>BALANCE OF FUND</b>	<b>150 228 \$</b>	<b>315 823 \$</b>
	<hr/>	<hr/>
<b>TOTAL DEBTS/BALANCE OF FUND</b>	<b>1 860 039 \$</b>	<b>2 190 250 \$</b>
	<hr/> <hr/>	<hr/> <hr/>



## General Fund

Statement of revenues & expenses  
for the period ending March 31 2010

<b>REVENUES</b>	<b>2009</b>
MSSS/Agence	6 448 085 \$
Recoveries of Rent	141 941 \$
Miscellaneous	186 603 \$
	<hr/>
<b>TOTAL OF REVENUES</b>	<b>6 776 629 \$</b>
	<hr/>
<b>EXPENSES</b>	
Salaries	3 513 539 \$
Fringe Benefits	1 015 168 \$
Social Charges	857 394 \$
Reserve Variation Fringe Benefits	(92 027 \$)
	<hr/>
	<b>5 294 074 \$</b>
	<hr/>
Rent	141 941 \$
Direct Allowances	165 589 \$
Service Contracts	468 998 \$
Medical supplies	57 446 \$
Maintenance and repairs	59 062 \$
Supplies & others fees	568 399 \$
	<hr/>
<b>TOTAL OF EXPENSES</b>	<b>6 755 509 \$</b>
	<hr/>
<b>SURPLUS</b>	<b>21 120 \$</b>
	<hr/> <hr/>

# Financial Report



2008 - 2009			Expense classification	2009 - 2010		
%	Hours	\$		Hours	\$	%
			<b>Revenues</b>			
		6 590 026 \$	Ministry of Health & Social Services		7 030 531 \$	
		186 603 \$	Miscellaneous		50 283 \$	
		<b>6 776 629 \$</b>	<b>Total of revenues</b>		<b>7 080 814 \$</b>	
			<b>Expenses</b>			
9,57%	19 121	646 348 \$	<b>5910</b> Psycho-social serv.for YD and their family	19 506	648 209 \$	9,4%
0,00%			<b>5930</b> Ambulatory front line mental health services	989	29 632 \$	0,4%
4,72%	9 833	318 878 \$	<b>5940</b> Support for people with severe mental health problems	9 455	320 593 \$	4,6%
1,20%	1 923	80 968 \$	<b>6000</b> Health care administration	1 756	76 341 \$	1,1%
9,10%	18 555	614 615 \$	<b>6170</b> Home Care Services - Nursing	19 157	645 443 \$	9,3%
6,95%	13 510	469 241 \$	<b>6300</b> Regular Health Services	13 401	447 726 \$	6,5%
4,11%	5 751	277 670 \$	<b>6510</b> Early Childhood health services	5 402	273 853 \$	4,0%
7,47%	19 919	504 920 \$	<b>6530</b> Home Care Services - Auxiliaries	19 326	457 664 \$	6,6%
0,91%	2 153	61 518 \$	<b>6540</b> Preventive Dental Services	2 249	66 848 \$	1,0%
6,74%	14 084	455 336 \$	<b>6560</b> Psycho-social services	14 333	421 610 \$	6,1%
3,58%	1 795	241 630 \$	<b>6580</b> Public health - Prevention and protection	1 929	218 339 \$	3,2%
1,48%	3 077	100 126 \$	<b>6590</b> Services in Schools	2 734	79 639 \$	1,2%
1,51%		102 339 \$	<b>7080</b> Support to families with physically challenged members		104 849 \$	1,5%
1,60%	2 114	108 290 \$	<b>7110</b> Nutrition	1 711	56 614 \$	0,8%
2,85%	4 413	192 196 \$	<b>7120</b> Community actions	3 826	160 199 \$	2,3%
6,01%	11 730	406 313 \$	<b>7150</b> Programs management	10 802	408 486 \$	5,9%
1,15%	2 077	77 370 \$	<b>7160</b> Occupational therapy and physiotherapy	2 070	78 566 \$	1,1%
15,34%	21 771	1 036 310 \$	<b>7300</b> General administration	22 395	1 225 388 \$	17,7%
1,44%		97 233 \$	<b>7340</b> Data processing		103 218 \$	1,5%
1,07%	2 269	72 067 \$	<b>7400</b> Transportation	2 518	79 537 \$	1,2%
8,64%	24 529	583 701 \$	<b>7530</b> Réception - archives - telecommunications	23 732	527 164 \$	7,6%
1,99%	6 160	134 535 \$	<b>7640</b> Maintenance	8 468	200 470 \$	2,9%
0,02%		1 287 \$	<b>7650</b> Bio-medical waste management		1 007 \$	0,0%
3,04%		205 583 \$	<b>7700</b> Installations-operation		209 195 \$	3,0%
0,87%		59 062 \$	<b>7800</b> Maintenance and repairs of installation		74 629 \$	1,1%
-1,36%		(92 027 \$)	Reserve Variation Fringe Benefits			0,0%
<b>100,0%</b>	<b>184 784</b>	<b>6 755 509 \$</b>	<b>Total of expenses</b>	<b>185 759</b>	<b>6 915 219 \$</b>	<b>100,0%</b>
		<b>21 120 \$</b>	<b>Results = Surplus</b>		<b>165 595 \$</b>	
		<b>2008 - 09</b>			<b>2009 - 10</b>	
	140 677	3 513 813 \$	Salaries	135 918	3 422 745 \$	
	44 107	1 015 168 \$	Fringe Benefits	49 841	1 089 087 \$	
		857 394 \$	Social Charges		841 067 \$	
		57 446 \$	Medical Supplies		69 186 \$	
		1 403 715 \$	Other fees		1 493 134 \$	
		(92 027 \$)	Reserve Variation Fringe Benefits			
	<b>184 784</b>	<b>6 755 509 \$</b>	<b>Total of expenses</b>	<b>185 759</b>	<b>6 915 219 \$</b>	
			<b>General Fund</b>			
		150 228 \$	Balance of fund		315 823 \$	



## Social Fund

Balance sheet as of March 31 2010

<b>ASSETS</b>	<b>2009</b>
Cash	19 567 \$
Term Deposit	65 755 \$
Accrued interest receivable	<u>1 006 \$</u>
<b>TOTAL OF ASSETS</b>	<b><u><u>86 328 \$</u></u></b>
<b>DEBTS</b>	
Owed to General Fund	<u>130 \$</u>
<b>BALANCE OF FUND</b>	<b><u>86 198 \$</u></b>
<b>TOTAL DEBTS AND BALANCE OF FUND</b>	<b><u><u>86 328 \$</u></u></b>



## Social Fund

Statement of revenues & expenses  
for the period ending March 31 2010

<b>REVENUES</b>	<b>2009</b>
Interest	2 311 \$
Debt collection(Beneficiaries)	<u>673 \$</u>
<b>TOTAL OF REVENUES</b>	<b><u>2 984 \$</u></b>
<b>EXPENSES</b>	
Support of beneficiaries	<u>1 105 \$</u>
<b>TOTAL OF EXPENSES</b>	<b><u>1 105 \$</u></b>
<b>SURPLUS</b>	<b><u><u>1 879 \$</u></u></b>



# Statistical Report



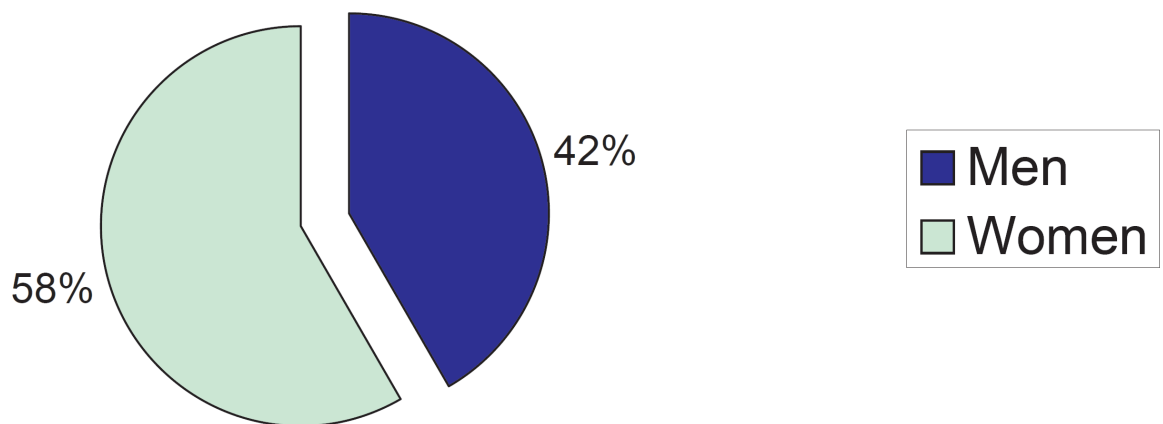


## Interventions by teams and services \*

Teams and services	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	Variation (2008-2009 VS 2009-2010)
	Int.	Int.	Int.	Int.	Int.	Variation
Adult Team	2 917	3 197	3 022	2 813	2506	-12,3%
Intake/Triage Team	5 786	7 788	8 250	8 465	6512	-23,1%
Youth/Family Team	2 591	2 425	2 907	2 507	3090	23,3%
Medical Services	2 660	2 725	3 479	6 391	4100	-35,8%
Youth	1 885	2 132	1 836	1 860	1461	-21,5%
School Team	810	1 221	1 249	1 124	1065	-5,2%
Home Care Team	19 329	19 143	18 318	14 286	12927	-9,5%
<b>Total of interventions</b>	<b>35 978</b>	<b>38 631</b>	<b>39 061</b>	<b>37 446</b>	<b>31661</b>	<b>-15,4%</b>

\* These results are based on statistical data entered into our computer system as of May 22,2010. As of this date, a certain percentage of the data had not been entered into the computer system for various reasons. This explains the variations with the information provided last year.

## Breakdown of the number of men and women who have received services from the Point. St-Charles Community Clinic





## Interventions by location and team 2009-2010

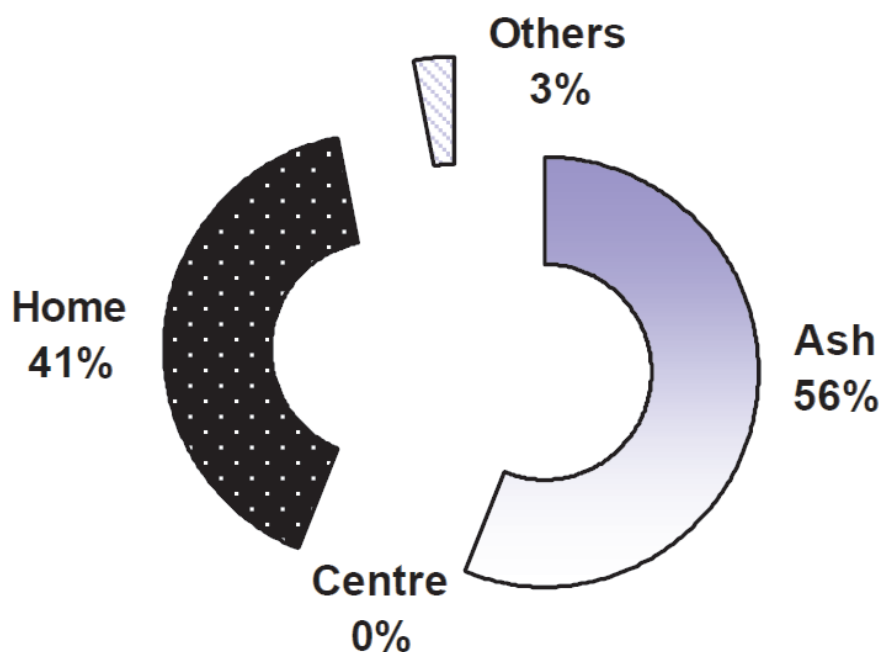
Teams	Ash <sup>1.</sup>	Centre <sup>3.</sup>	Home	Others <sup>2.</sup>	Total
Intake/Triage					
Adult					
Children/Family					
Youth					
School					
Home care/support					
<b>Total of interventions 2009-2010</b>	17 773	0	12 879	1 009	31 661
<b>% of interventions 2009-2010</b>	56%	0%	41%	3%	100%
<b>% of interventions 2008-2009</b>	47%	12%	38%	4%	100%
<b>% of interventions 2007-2008</b>	38%	12%	46%	5%	100%

1. Interventions on site and by phone

2. Including interventions in schools, hospitals, etc...

3. The point of service on Centre street was closed for most of the financial year because of a fire on May 2009. Therefore no statistics are presented for this point of service.

## Breakdown of interventions according to location





## Proportion of Point. St-Charles population using services of the Clinic according to age groups

Total of interventions : 31661

Total of different users : 4620

% of P.S.C. population using services of the Clinic		
Year	%	Variation
2009-2010	33,2%	-4,3%
2008-2009	37,5%	3,2%
2007-2008	34,3%	-1,2%
2006-2007	35,5%	2,4%
2005-2006	33,1%	-1,4%
2004-2005	34,5%	-4,7%

Age groups	Clinic users	P.S.C. population (Statistics Canada)	% using services of the Clinic	
	2009-2010	2006	2009-2010	2008-2009
0-4 years	658	765	86,0%	80,4%
5-9 years	370	770	48,1%	55,2%
10-14 years	236	815	29,0%	35,2%
15-19 years	275	850	32,4%	33,3%
20-24 years	332	1060	31,3%	36,9%
25-44 years	1230	4685	26,3%	30,8%
45-64 years	993	3510	28,3%	33,2%
65-74 years	325	880	36,9%	43,0%
75-84 years	225	455	49,5%	60,4%
85 years and older	84	145	57,9%	51,0%
<b>Total</b>	<b>4728</b>	<b>13935</b>	<b>33,9%</b>	<b>37,5%</b>

Some users may be included in two age categories in the same fiscal year

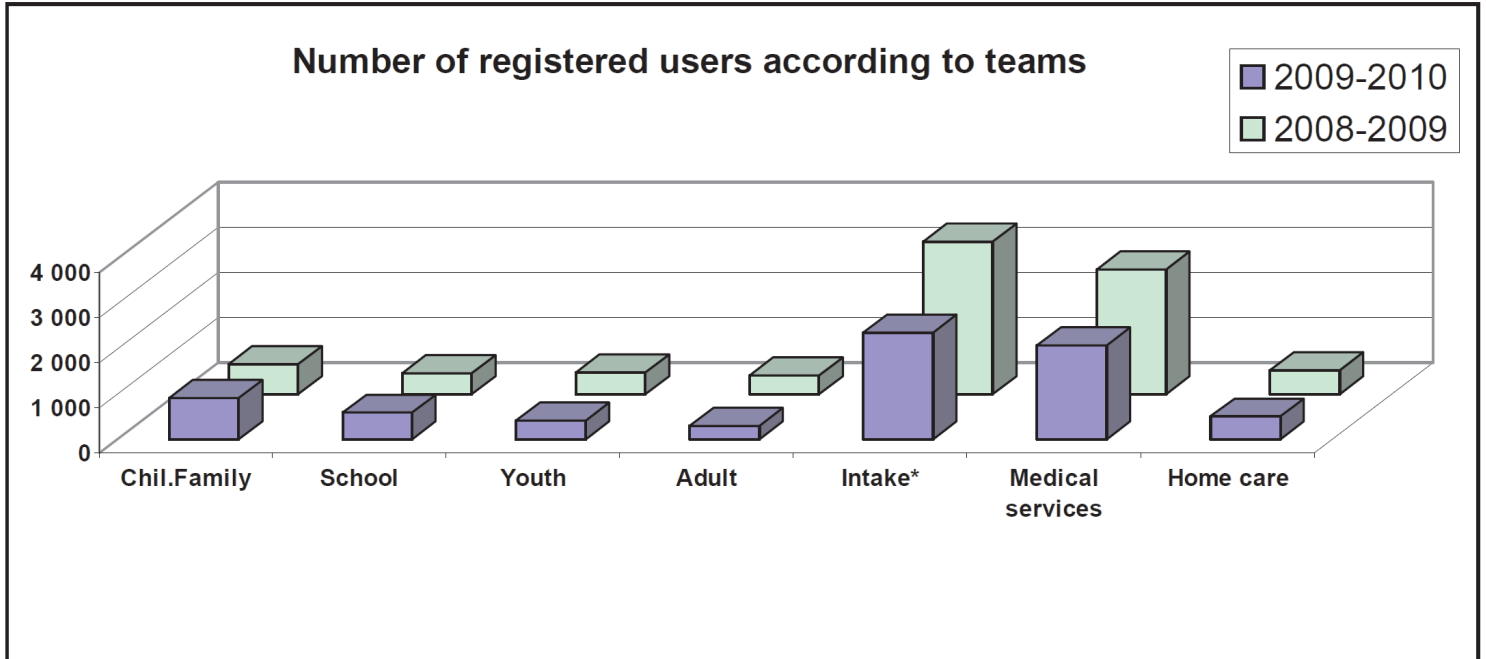


## Reasons for consulting at the Point St-Charles community Clinic April 1, 2009 to March 31, 2010

Main reason for consulting	Users	Interventions
<b>Circulatory system</b> (hypertension, cardiopathy, arteries)	655	4 644
<b>Endocrinal disease, problems related to nutrition and metabolism</b>	465	4 103
<b>Skin diseases &amp; disorders</b> (chronic ulcers, acne)	514	2 625
<b>Respiratory system</b> (Sinusitis, flu, pneumonia, emphysema, tonsillitis, cold, pharyngitis, laryngitis, asthma, bronchitis)	692	2 397
<b>Various social problems</b> (discrimination, homeless, request for funding for day-care or summer camp, curator)	308	2 396
<b>Poisoning, traumatic lesions</b> (frostbite, burn, contusion/bruise, sprain, fracture, bite, sting, cut, scrape)	436	2 372
<b>Nervous system</b> (Parkinson's, Alzheimer's, Multiple Sclerosis ...)	203	2 164
<b>Symptoms, signs, diseases for which diagnosis is unclear</b> (HIV, loss of autonomy, cardiac anomalies, respiratory anomalies)	1 013	2 005
<b>Vaccination/inoculation</b>	1 172	1 945
<b>Depressive phase</b> (bipolar or other)	346	1 695
<b>Tumors / Cancer</b>	115	1 463
<b>Request for examination</b> (medical, radiological)	743	1 323
<b>Disease and problems with the osteo-articulatory system</b> (osteoporosis, slipped disc, tendinitis, bursitis, arthritis, rhumatism)	488	1 272
<b>Genito-urinary organs</b> (infection, cystitis, calculus/bladder stones, prostate, breast disease and other problems, kidney failure)	331	1 168
<b>Personal development &amp; awareness, social adaptation problems</b> (concerns the user himself/herself)	351	1 140
<b>Problems related to family life</b> (parental skills, parent/child relation, single parenting)	247	1 123
<b>Blood disorders</b> (anemia, clotting)	197	1 075
<b>Pre-natal follow-up with mothers</b>	227	903
<b>Schizophrenic disorders</b>	95	860
<b>Post-natal follow-up with baby</b>	432	860
<b>Digestive system</b> (oesophagus, stomach, duodenum, ulcer, liver, diverticulosis, diarrhoea, constipation, intestine, hernia)	303	720
<b>Contraception and reproduction</b>	313	593
<b>Delirium, dementia, amnestic (amnesia) and cognitive disorders</b>	59	472
<b>Others reasons</b>	286	432



Number of different users who have received services at the P.S.C. Clinic (active)	5 221	4 620	-12%
Number of newly-registered users who have received services at the P.S.C. Clinic during the year	1 307	1 245	-5%
<b>Breakdown of registered users according to teams:</b>			
Children/Family	667	915	37%
School	471	591	25%
Youth	494	423	-14%
Adult	413	294	-29%
Intake/Triage	3 387	2 358	-30%
Medical services	2 768	2 084	-25%
Home care/support	542	508	-6%



\* Including psycho-social intake/triage and nursing care



**Proposed  
priorities  
for 2010-2011**



# PROPOSED ANNUAL PRIORITIES FOR 2010-2011:



## CONSOLIDATE AND FURTHER DEVELOP CITIZEN PARTICIPATION

### 1.1 MEMBERSHIP

Set up a computer management system for the membership list and develop special communication tools for the members.

### 1.2 CITIZENS RELATIONS COMMITTEE

Revive and develop the Citizens Relations Committee by organizing activities to expand citizen participation at the Clinic.

### 1.3 COMMITTEE FOR A GREEN CLINIC

Continue the Committee for a Green Clinic's work to assess the Clinic's environmental practices and draw up another plan to change some practices in the short, medium and long term.

## CONSOLIDATE AND FURTHER DEVELOP COMMUNITY-ORIENTED HEALTH PROMOTION ACTIVITIES TOGETHER WITH NEIGHBOURHOOD GROUPS

### 2.1 LOCAL PUBLIC HEALTH ACTION PLAN

Carry out health promotion and illness prevention activities contained in the 2010-2015 Local Public Health Action Plan (1).

### 2.2 COMMUNITY APPROACH

Organize and hold a training session for workers at the Clinic on the community approach.

### 2.3 URBAN PLANNING

Together with local community groups, continue the Clinic's involvement in the neighbourhood's urban planning issues with a view to maintaining the population in the area and improving their health and living conditions.

### 2.4 FOOD SECURITY

In cooperation with community groups, continue and increase the Clinic's intervention where food security is concerned.

### 2.5 FIGHT FOR THE RIGHT TO HEALTH

- Continue to mobilize citizens for the right to health, for a public health system that is universal, accessible and free, and against the privatization of health care. Convene citizens to discuss these issues and, with them, develop an action plan to facilitate access to services at the Clinic as well as services in the health care system as a whole.
- Increase the membership of the Clinic's Fight for Health Committee.



(1) The Local Public Health Action Plan includes such health promotion and illness prevention activities as regular check-up services for pregnant women and young children, promotion of physical activity and smoking cessation, nutrition, support for staying in school, tooth decay prevention, vaccination, prevention of sexually transmitted infections, quality of the urban environment.





## IMPROVE ACCESSIBILITY AND ADJUST SERVICES TO THE POPULATION'S CURRENT NEEDS



### 3.1 DOCUMENTS TO INTRODUCE OUR SERVICES

Prepare documents describing in detail the Clinic's services and activities and how to access them, paying particular attention to newly-arrived residents.

### 3.2 AUTONOMOUS ELDERLY PEOPLE

Put in place a nursing resource to better serve the neighbourhood's autonomous elderly.

## IMPROVE SERVICE QUALITY THROUGH EFFECTIVE AND EFFICIENT RESOURCE MANAGEMENT



### 4.1 CONTINUOUS IMPROVEMENT OF SERVICE QUALITY

Carry out the activities contained in the *Conseil québécois d'agrément's 2009 Improvement Plan*. Take steps to resume the three-year certification process in February 2011.

### 4.2 PRIORITIES FOR THE COMMITTEE TO MONITOR QUALITY

Carry out the 2010-2011 priorities of the Committee to Monitor Quality and the Clinic's local service quality and complaints commissioner:

- Check whether, and how well, individual intervention plans were carried out.
- Check the quality of case file management.

## ENSURE THE AVAILABILITY AND UPGRADING OF A QUALIFIED LABOUR FORCE



### 5.1 TRAINING FOR NEWLY-HIRED STAFF AND SUBSEQUENT CONTINUOUS TRAINING ABOUT THE CLINIC AND THE NEIGHBOURHOOD

- Systematize the training program for newly-hired staff about the particularities of the Clinic and the neighbourhood, and put together an information kit to be given to every new employee.
- Encourage the staff's interest and involvement in the Clinic's unique project by organizing further training activities for all employees regarding the Clinic's mission, approach and philosophy, and the neighbourhood's history as well as major issues facing the community.

## ENSURE THE DEVELOPMENT OF FINANCIAL, MATERIAL AND INFORMATION RESOURCES



### 6.1 PAY EQUITY

Continue the work to complete the pay equity plan.

### 6.2 COMPUTER SECURITY

Adopt a computer security master plan.

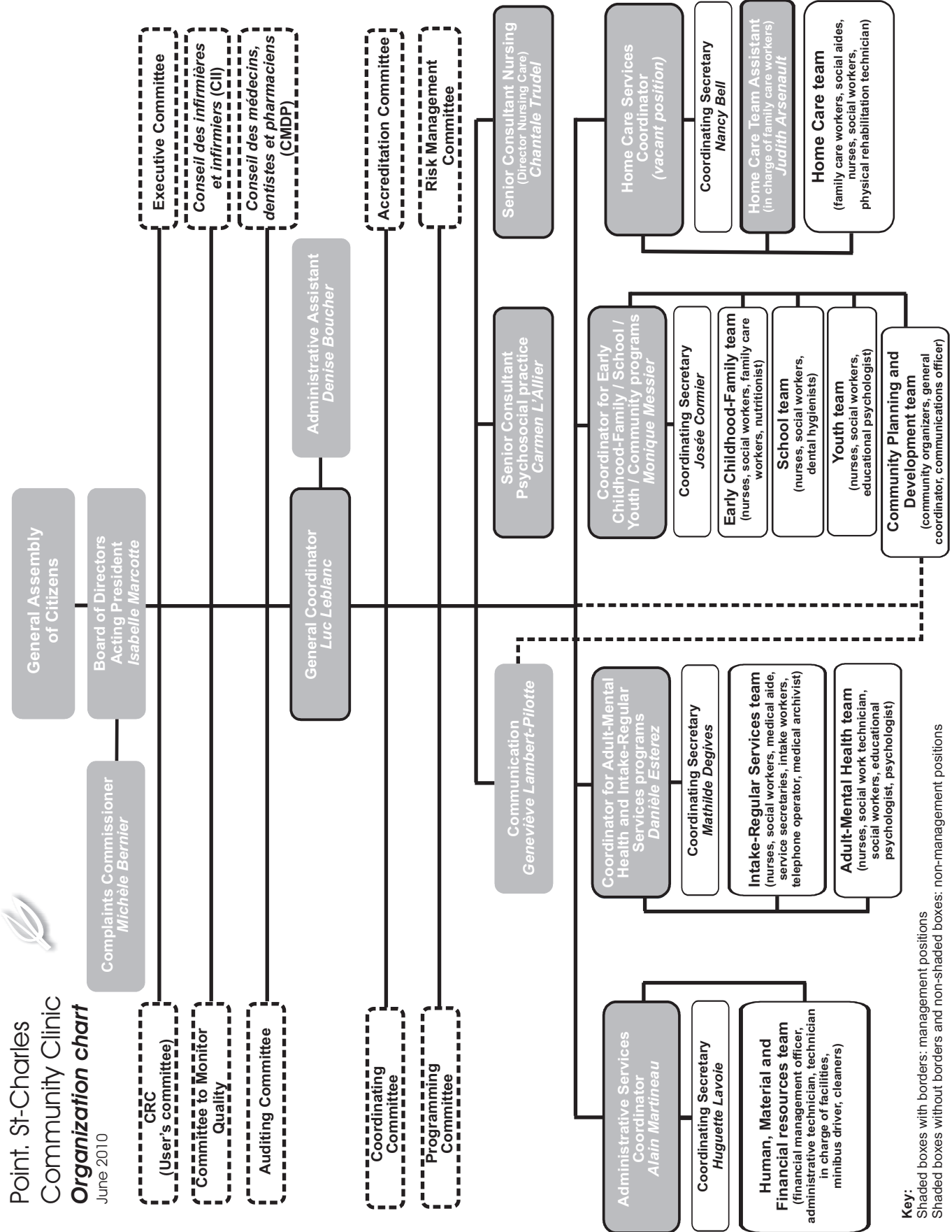
# **Organizational chart of the Clinic**



# Organizational Chart of the Clinic



Point. St-Charles  
Community Clinic  
**Organization chart**  
June 2010



**Key:**  
Shaded boxes with borders: management positions  
Shaded boxes without borders and non-shaded boxes: non-management positions



