



A message from Board of Directors

Annual General Assembly of the Clinic: June 17, 2015

Austerity

*Steering straight through the storm
of healthcare network reorganization*

*Proposed annual priorities
for 2015-2016*

Heat wave: how you beat it



A message from Board of Directors:

Dear citizens of Pointe-Saint-Charles,

Despite the storm caused by the reorganization of the healthcare network, the Clinic is keeping a steady course! As the saying goes, "A calm sea does not make a skilled sailor." For over 46 years the Clinic has maintained its citizen management and uniqueness within the healthcare network. We continue our "course" by inviting you to give your opinions on our priorities for 2015-2016 (p.5) at the Annual General Assembly (AGA).

We should point out a number of good things that happened this year at the Clinic: the registry of fees billed for medical consultations was posted online; the accreditation for good quality of care and services; confirmation of a budget to hire a project manager for the birthing house. We did all this while consolidating and developing our service offer and continuing our involvement in the neighbourhood.

Would you like to take part in advancing the Clinic's work? There are many committees made up of citizens. We also need new Board members. If you're interested, nominate yourself during the elections at the AGA! It's a date: June 17, 5:30 p.m., at YMCA, 255 Ash Avenue. And don't hesitate to call us for more information: 514-937-9251.

Marie-Claude Rose
Chair, Board of Directors

ANNUAL GENERAL ASSEMBLY

Wednesday, June 17th, 2015
at the YMCA, 255 Ash avenue

5:30 - Supper offered by the Clinic

6:30 - Beginning of the assembly

Keeping a steady course through the storm!

Accessible healthcare services

Citizen management

Service quality

Solidarity with the community

Empowerment

- *Whispered English translation.*

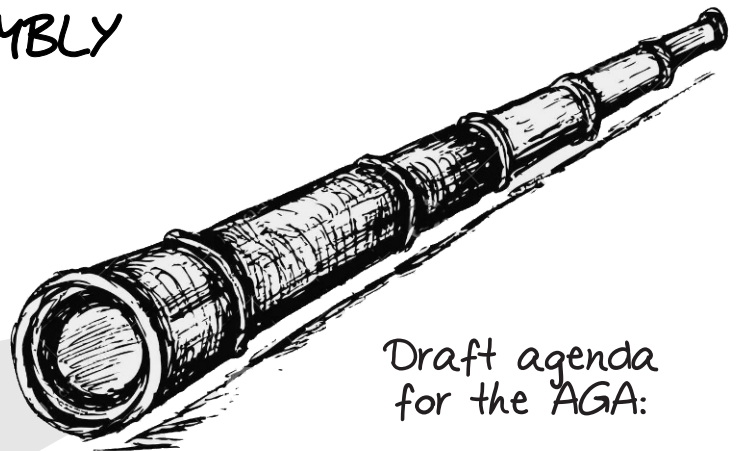
- *Wheelchair accessibility.*

- *Daycare available.*

- *Transportation available on request.*

Info: 514-937-9251 - www.ccpssc.qc.ca/en

NB. The agenda may be subject to change.



Draft agenda
for the AGA:

- 1) Opening of the assembly
- 2) Reminder of assembly rules
- 3) Adoption of the assembly chair and secretary
- 4) Adoption of the agenda
- 5) Adoption of the minutes of June 18, 2014
- 6) Board of Directors activity report and questions from the floor
- 7) Presentation of financial statements, appointment of an auditor and questions from the floor
- 8) Presentation and adoption of annual priorities for 2015-2016 and questions/proposals from the floor
- 9) Elections for the Board of Directors
- 10) Other business
- 11) Election results
- 12) Adjournment



A U _ T E R _ T Y

When it took power just over a year ago, the current provincial government announced a first set of cuts in all government sectors and programs: health, education, social solidarity, support for families, employment assistance, local and regional development, housing, environment, gender equality measures, justice, culture, transport, etc. A second wave of cuts came with the April budget. These are the notorious named austerity measures. What they mean is abolition of civil service positions, a job freeze in public services, the end of a number of research grants, cost increases in some public services, closing of the local employment centres, a decrease in transfers to municipalities, etc.

The justification for these cuts is often based on ideas that have no real grounds and repeated endlessly (we live beyond our means, we're leading future generations into debt, government is too big). Moreover, groups targeted by the cuts are portrayed in caricaturesque form (pensioners have more than enough, Québec students pay too little compared to students in Ontario).

In the health and social services network, “the bureaucracy will divert budgets earmarked for citizens and will complicate their access to healthcare services.” That's how health institutions are urged to “**take part in the optimization effort**”—a fancy way of saying “**do more with less**”:

- Abolition of 1,300 managerial positions. In Montréal, this represents 680 out of 4,000 managerial and support positions;
- 30% cut in the public health budget;
- Global cutbacks for the Montréal region in 2013-2014: \$101 million;
- Global cutbacks for the Montréal region in 2014-2015: \$194 million.

The Pointe-Saint-Charles Community Clinic is not a public health institution but rather a community organization that provides the services of a CLSC. For the Ministry of Health and social services, the Clinic's legal status is that of “**private non-profit institution.**” That explains why the Clinic is not included among the institutions merged under Bill 10. However, that doesn't exclude it from the above-mentioned “optimization effort.” Last year, the Clinic's operating budget was cut by about 27 741\$ and will undergo an equivalent cut this year.



Photo credit: Gabriel Luneau

Steering straight through the storm of healthcare network reorganization

In September 2014, the provincial Minister of Health and Social Services, Gaétan Barrette, presented the first bill on a far-reaching reform. The aim was to reorganize the entire healthcare network into 18 super institutions called integrated health and social service centres (CISSS) or integrated university health and social service centres (CIUSSS). Although everyone agrees with the Minister's stated intention—to improve access to healthcare—just about all individuals and organizations that commented on the reorganization believe the legislation will not achieve this objective.

The bill, which is now law, has been criticized for distancing citizens from the healthcare system and its governance, for giving the Minister too much power, for having been passed by closure (no discussion in the National Assembly), by being implemented too quickly and without a transition plan, thereby risking the destabilization of the network and delivery of care, etc.

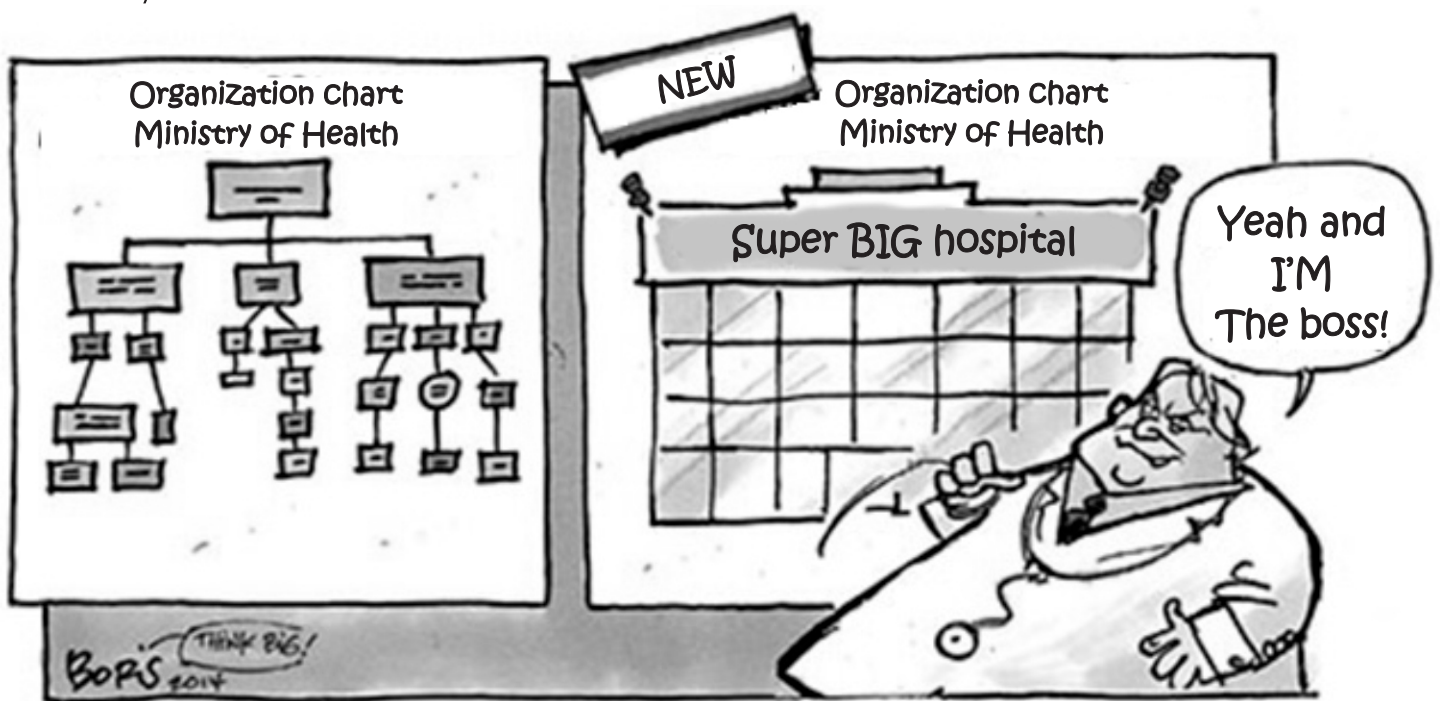
As you know, the Pointe-Saint-Charles Community Clinic has not been merged with one of the newly created super structures. Under Bill 10, however, the Agence de la santé et des services sociaux de Montréal and the Centre de santé de services sociaux (CSSS) Sud-ouest-Verdun have disappeared, and they were the Clinic's two representatives where its funding, accountability and collaboration ties with the healthcare system were concerned.

In the wake of April 1

The law came into force a few weeks ago. Ministry of Health employees have replaced those from the Montréal Agence, and the leaders of the new CIUSSS du Centre-Est (super institution covering the areas of downtown and southwest Montréal) are keeping us abreast of the transitions going on. Our annual management agreement and the funding for our services have been renewed.

But the reform continues with Bill 20, which imposes a patient quota on family doctors. Other changes will follow: funding for public health programs and the transformation of the funding methods for institutions, among others. The Clinic is on the watch and will stay the course with its citizen management; its involvement, together with community groups, in neighbourhood issues; and its goals to provide the best care and services to the neighbourhood's citizens.

If you want to find out more, come to the Annual General Assembly on June 17.



Proposed annual priorities for 2015-2016

Consolidate and further develop citizen participation and involvement in the Clinic

1. Improve our processes to recruit, welcome, integrate and orient Board of Directors members and citizens sitting on the Clinic's committees
2. To ensure citizen management at the Clinic, identify the Clinic's areas of involvement and specify their mandates
3. Specify the steps whereby possible projects proposed by citizens are processed internally
4. Improve the Clinic's visibility in the neighbourhood

Ensure that the Clinic remains in the health and social services network and that its funding is maintained

5. Involve members in an analysis of the Clinic's future environment and prospects against the background of the reorganization of the health and social services network, and see that the activities planned by the committee in charge are carried out
6. Renew our financial agreement with the health and social services Ministry and ensure past funding
7. Achieve the goals set out in the 2015/2016 management and accountability agreement
8. Ensure that our existing service corridors are maintained with the network's institutions to deliver specialized first- and second-line services not provided by the Clinic

Specify the Clinic's organization and service offer to better meet users' needs and expectations

9. Adopt an organization plan for the Clinic, taking into account its mission, values and particularities and the reorganization of the health and social services network
10. Update and improve the Clinic's service offer in keeping with the population's needs and, if necessary, sign service agreements with other institutions to deliver specialized first- and second-line services not provided by the Clinic

Consolidate and further develop the Clinic's actions on health determinants

11. Continue our involvement in and support for community organizations and groups active in the neighbourhood with a view to acting directly on health determinants and the defence of rights. Evaluate this collaborative work
12. Continue to hold promotion and prevention activities

Engage the Clinic in a process of evaluation and continuous improvement of the quality, continuity and accessibility of services

13. Introduce a commitment to quality applicable to all the Clinic's services
14. Develop a culture of performance and results by defining the Clinic's expectations about the quality of services delivered to the population
15. Identify performance indicators of a given action on the social determinants of health



16. Continue to implement a system of continuous evaluation of user satisfaction
17. Achieve the objectives laid out in the Clinic's continuous improvement plan for 2015/2016
18. Consolidate the operations of the professionals committees and teams, and further their involvement in the process of evaluation and continuous improvement of the quality, continuity and accessibility of services

Improve attraction, retention and development of qualified, mobilized human resources

19. Continue to review and improve our personnel recruitment and selection processes
20. Improve our processes to welcome, integrate and orient personnel
21. Develop methods to ensure knowledge transfer and better orientation for staff taking over from present staff
22. Review and update our annual appreciation of staff and management activities
23. Continue negotiations to renew the collective agreements and management contract expiring in 2015 and 2016
24. Encourage staff mobilization by ensuring the collaboration and consultation of qualified, recognized bodies, in keeping with their mandate.

Improve management of our financial, material and information resources

25. Carry out a thorough analysis of how we use our resources to improve their allocation in keeping with the population's needs
26. Ensure that the Clinic's information resources master plan is applied and carried out along with the Ministère's new requirements in this field
27. Adopt a management policy/procedure for the Clinic's social/short-term help fund
28. Improve our processes to acquire goods, medications and services for better management of our resources and expenses
29. Apply recurring measures of follow-up and monitoring aimed at reducing independent labour costs and other expenses

Heat wave: how to beat it



- ⊗ Dress comfortably in loose, light-coloured clothing and wear a hat with a wide brim.
- ⊗ Keep the sun out by closing shutters, curtains or blinds during the day.
- ⊗ Never leave a child in a car or room with poor air circulation, even for a few seconds.
- ⊗ Limit exposure to heat: limit outdoor activities such as endurance sports meets. Plan these activities for before 10:00 a.m. and after 3:00 p.m., when the heat is not as intense. Limit or interrupt the physical activities of children who have an acute or chronic disease.

With summer at our doorstep, it's important to be careful when the weather is very hot. **Extreme heat can cause various health problems, especially among the elderly, people with chronic illnesses, people with mental health problems (including alcohol and drug dependency) and children aged 4 and younger.**

In these conditions, we want to remind you of the precautions you and the people close to you should take:

- ⊗ Drink a lot of water without waiting to feel thirsty. Adults are advised to drink 6 to 8 glasses of water a day and to offer water to young children every 20 minutes. Babies should be breastfed more often or given water between feeds.
- ⊗ Avoid alcoholic beverages, drinks containing a lot of caffeine (coffee, tea, colas) and very sweet drinks as they cause dehydration.
- ⊗ Stay cool: take baths or showers regularly, cool off using wet towels; visit air-conditioned public places such as the local library or the Community Clinic's waiting room; go to public swimming pools or parks with trees.
- ⊗ Reduce physical effort.
- ⊗ Keep in touch with the people close to you, especially those experiencing loss of autonomy or who live alone.

The 3 golden rules:

- 1- Drink enough water
- 2- Stay cool
- 3- Reduce efforts

If you or someone else feels ill, call a doctor or call Info-Santé at 811 for information. In case of emergency, call 911.

During extreme heat events, the Pointe-Saint-Charles Community Clinic (500 Ash Avenue and 1955 Centre Street) will provide you with air-conditioned spaces from 9:00 a.m. to 5:00 p.m., Monday to Friday.

For more information:
<http://ccpsc.qc.ca/en/heatwave>

