

1968 - 2008

40 years
together for health

Annual Report 2007-2008

CLINIQUE COMMUNAUTAIRE
DE POINTE ST-CHARLES





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Board of Directors Report



1. Composition of the Board of Directors

Jason McDevitt	President
Éric Duchemin	Vice-President
Lucrecia Ochoa	Treasurer
Natacha Jobin	Secretary
Rebecca Rupp	Administrator
Michel Tourigny	Administrator
Paula Bush	Administrator
Sandra Ann McLean	
Nyandoro	Administrator
Patrick Côté	Administrator
Isabelle Marcotte	Administrator
Carmen Boucher	Staff representative
Isabelle Matte	General coordinator

2. Principal activities

2.1 Regular meetings

During the period (June 2007 to June 2008), the Board of Directors held 11 regular meetings.

2.2 A year devoted to strategic planning

In December 2007, after reviewing the reports of recent years and analyzing the Clinic's strengths and challenges, the Board adopted a strategic plan to guide the management team over the next three years. This important exercise allows us to anticipate better and plan for the challenges awaiting us. The priorities we will be proposing to the annual general meeting are based on this strategic plan.

2.3 Establishment of a dynamic and experienced management team

Last year, the Clinic adopted a new management structure to facilitate work organization and the attainment of objectives. This year, the Board hired a new management team. We recruited these new managers based on their solid experience and skills and also for their values and interest in contributing to the realization of this citizen-based community health project. We are thoroughly satisfied with their work.

2.4 Start of the accreditation process aimed at assessing service quality

As mentioned in our annual priorities, the Board formed a committee to conduct a vast process to assess the quality of our services. Piloted by the Conseil québécois d'agrément, this process will enable the Clinic to perform an in-depth examination of all aspects of its organization to ensure that services comply with good practice standards and are satisfactory to users. As part of this exercise, an independent survey was conducted with 250 users, 87% of whom said they were very satisfied with the services. A second survey on staff mobilization was also very positive. Evaluation teams composed of staff members are reviewing every component of the Clinic. They are assisted by the Citizens Relations Committee. In the autumn, they will propose an improvement plan and in January 2009, independent evaluators will come to verify the Clinic's success in meeting quality standards.

2.5 Recruitment of doctors and staff maintenance

Dr. Laperrière's recruitment efforts last year were productive because the medical team is now complete. A number of young physicians who are enthusiastic and motivated by the practice of social medicine are offering medical services that are much appreciated by residents. They are also participating more and more in different activities and becoming involved in work committees. This contribution to the Clinic is of great value to the public.

2.6 Improvement of the coordination of home care services

The Board of directors was made aware of some dissatisfaction on the part of community residents regarding the Clinic's home care services, in particular, problems with coordinating and ensuring service continuity in certain situations. Over the year, the Board monitored this situation and set up appropriate remedies, such as the purchase of more powerful route software.

2.7 Establishment of partnership agreements with CSSS Sud-Ouest-Verdun

We have established a strong collaboration with the CSSS that is connected with the Clinic. We sit on several clinic work committees to ensure improved service to our users. We intend to pursue these productive partnerships.

2.8 For neighbourhood development based on residents' needs

The Board continued to support the Clinic's involvement (through the community team) in OPA, a coalition mobilizing residents to improve their environment and their neighbourhood. This community organizing work is more important than ever in a context in which major urban projects are getting underway that will have a huge impact on the neighbourhood.

3. Permanent committees

3.1 Selection committee

This committee was busy this year: between June 2007 and June 2008, there were 20 departures and 21 hirings.

3.2 Auditing Committee

This committee is composed of three Board members: Lucrecia Ochoa (treasurer), Paula Bush (administrator), Isabelle Marcotte (director), Administrative Services Coordinator Alain Martineau and General Coordinator Isabelle Matte. The committee met three times to review the budget. The Board also periodically reviews the budget.

3.3 Service Agreements Committee

As it does every year, the Clinic concluded service agreements with neighbourhood groups that develop activities that, in a broad sense, foster the health of community residents.

3.4 Citizens Relations Committee

The committee was busy this year. It was composed of four Board members and two other neighbourhood residents and was accompanied by the community development and planning team. The committee participated in the accreditation process by evaluating a number of services. It is currently studying different mechanisms for ongoing evaluation of user satisfaction.

3.5 By-laws Amendment Committee

Because of the new legislation passed in recent years, the Clinic's By-laws no longer conform to legal requirements. They must therefore be amended. A committee has drafted a new proposal. Next autumn you will be invited to attend a special general meeting to adopt the new By-laws. For its 40th anniversary the Clinic will update its By-laws based on its citizen-based community health project!

Report on Processing of Complaints





FROM APRIL 1ST 2007 TO MARCH 31ST 2008

Number of complaints and requests for assistance

During the period in question, **5 complaints were processed**. 2 of these complaints were made by the same person. **12 requests for assistance were made**. 8 of these requests were made by the same person.

Objects of complaints

- Interpersonal relations
- Home support services: continuity, accessibility and quality of services

Objects of requests for assistance

- Transportation procedure : criteria for access to the minibus service
- Interpersonal relations
- Access to a manager
- Clarification of services offered by the Clinic : criteria for dispensing and organizing services

Recommendation

- That the staff and users be better informed about the procedure to follow in order to make a complaint.

Financial Report



General Fund

Balance Sheet as of March 31 2008

Assets	2007	2008
Cash	701 117 \$	708 282 \$
Account receivable-Agency & MSSS	23 505 \$	104 424 \$
Medical supplies	13 828 \$	13 828 \$
Prepaid expenses	3 043 \$	3 240 \$
Owed by the Capital Asset fund	87 076 \$	214 531 \$
TOTAL OF ASSETS	828 569 \$	1 044 305 \$
Debts		
Debts - Agence and MSSS	68 305 \$	59 883 \$
Account payable suppliers	463 095 \$	399 725 \$
Salaries and government deductions	222 776 \$	251 685 \$
Revenue carried over	20 699 \$	153 492 \$
Others components of debts	52 689 \$	2 085 \$
	827 564 \$	866 436 \$
BALANCE OF FUND	1 005 \$	177 869 \$
TOTAL DEBTS/BALANCE OF FUND	828 569 \$	1 044 305 \$
COMMITMENTS OF FUNDS	1 951 649 \$	1 877 311 \$

General Fund

Statement of revenues & expenses
For the period ending March 31 2008

REVENUES	2007	2008
MSSS/Agence		
Detailed Component	2 462 044 \$	2 619 296 \$
Global Component	3 156 074 \$	3 194 777 \$
Recoveries of Rent	152 293 \$	160 003 \$
Other revenues	24 600 \$	-98 086 \$
Fiducie Verdun/Côte St-Paul (In Trust)	491 950 \$	504 480 \$
Miscellaneous	127 681 \$	131 644 \$
TOTAL OF REVENUES	6 414 642 \$	6 512 114 \$
EXPENSES		
Salaries	3 337 585 \$	3 318 539 \$
Fringe Benefits	947 777 \$	996 837 \$
Social Charges	784 474 \$	752 196 \$
	5 069 836 \$	5 067 572 \$
Rent	152 293 \$	160 003 \$
Direct Allowances	147 822 \$	131 101 \$
Service Contracts	259 177 \$	311 391 \$
Medical supplies	80 547 \$	68 474 \$
Supplies & others fees	652 931 \$	602 294 \$
Misc.-pay.equity-retroactivity	26 918 \$	
TOTAL OF EXPENSES	6 389 524 \$	6 340 835 \$
SURPLUS	25 118 \$	171 279 \$

Financial Report

2006 - 07			Expense classification	2007 - 2008		
%	Hours	\$		Hours	\$	%
		6 286 961 \$				
		127 681 \$				
		6 414 642 \$				
			Revenues			
			Ministry of Health & Social Services		6 380 470 \$	
			Miscellaneous		131 644 \$	
			Total of revenues		6 512 114 \$	
			Expenses			
8,61%	17 296	550 109 \$	5910 Psycho-social serv. for YD and their family	18 333	572 479 \$	9,0%
0,58%	1 197	37 164 \$	5930 Ambulatory front line mental health services	806	23 832 \$	0,4%
1,71%	3 591	109 009 \$	5940 Support for people with severe mental health problems	6 350	195 508 \$	3,1%
			6000 Health care administration	1 833	64 747 \$	1,0%
	257	11 729 \$	6090 Info-Santé			0,0%
11,76%	22 601	751 274 \$	6170 Home Care Services - Nursing	18 769	598 430 \$	9,4%
8,41%	14 119	537 559 \$	6300 Regular Health Services	12 734	435 635 \$	6,9%
2,56%	4 904	163 686 \$	6510 Early Childhood health services	5 437	186 235 \$	2,9%
9,91%	25 653	633 316 \$	6530 Home Care Services - Auxiliaries	22 603	526 414 \$	8,3%
0,91%	2 050	58 425 \$	6540 Preventive Dental Services	2 081	56 638 \$	0,9%
9,46%	19 463	604 340 \$	6560 Psycho-social services	16 160	515 279 \$	8,1%
0,63%	96	40 530 \$	6580 Public health - Prevention and protection	1 698	46 636 \$	0,7%
1,67%	3 808	106 557 \$	6590 Services in Schools	3 561	113 917 \$	1,8%
1,32%		84 201 \$	7080 Support to families with physically challenged members		91 845 \$	1,4%
2,01%	1 834	128 225 \$	7110 Nutrition	2 014	121 375 \$	1,9%
6,31%	6 868	402 964 \$	7120 Community actions	5 379	375 886 \$	5,9%
4,67%	9 766	298 492 \$	7150 Programs management	10 398	375 732 \$	5,9%
1,49%	2 615	95 175 \$	7160 Occupational therapy and physiotherapy	2 525	96 436 \$	1,5%
12,51%	18 758	799 118 \$	7300 General administration	20 926	925 564 \$	14,6%
0,58%	441	36 779 \$	7340 Data processing	214	69 943 \$	1,1%
1,04%	2 164	66 310 \$	7400 Transportation	2 411	71 936 \$	1,1%
7,03%	19 168	449 051 \$	7530 Réception - archives - telecommunications	20 037	473 103 \$	7,5%
1,97%	6 247	125 954 \$	7640 Maintenance	6 181	128 993 \$	2,0%
0,02%		1 275 \$	7650 Bio-medical waste management		1 429 \$	0,0%
3,79%		242 144 \$	7700 Installations-operation		232 670 \$	3,7%
0,46%		29 220 \$	7800 Maintenance and repairs of installation		40 173 \$	0,6%
0,42%		26 918 \$	Ajustements pay equity(06-07)			0,0%
100,0%	182 896	6 389 524 \$	Total of expenses	180 450	6 340 835 \$	100,0%
		25 118 \$	Results = Surplus		171 279 \$	
		2006 - 07			2007 - 08	
	138 066	3 337 585 \$	Salaries	137 361	3 318 539 \$	
	44 823	947 777 \$	Fringe Benefits	43 089	996 837 \$	
		784 474 \$	Social Charges		752 196 \$	
		80 547 \$	Medical Supplies		68 474 \$	
		1 239 141 \$	Other fees		1 204 789 \$	
	182 889	6 389 524 \$	Total of expenses	180 450	6 340 835 \$	
			General Fund			
		1 005 \$	Balance of fund		177 869 \$	

Social Fund

Balance sheet as of March 31 2008

ASSETS	2007	2008
Cash	19 646 \$	19 890 \$
Term Deposit	61 153 \$	63 171 \$
Accrued interest receivable	1 084 \$	1 388 \$
TOTAL OF ASSETS	81 883 \$	84 449 \$
 DEBTS		
Owed to General Fund	0 \$	130 \$
 BALANCE OF FUND	81 883 \$	84 319 \$
 TOTAL DEBTS AND BALANCE OF FUND	81 883 \$	84 449 \$

Social Fund

Statement of revenues & expenses
For the period ending March 31 2008

REVENUES	2007	2008
Donations	3 705 \$	740 \$
Interest	1 883 \$	2 708 \$
TOTAL OF REVENUES	5 588 \$	3 448 \$
 EXPENSES		
Support of beneficiaries	1 793 \$	272 \$
Special Event - To our Health	1 855 \$	740 \$
TOTAL OF EXPENSES	3 648 \$	1 012 \$
 SURPLUS	1 940 \$	2 436 \$

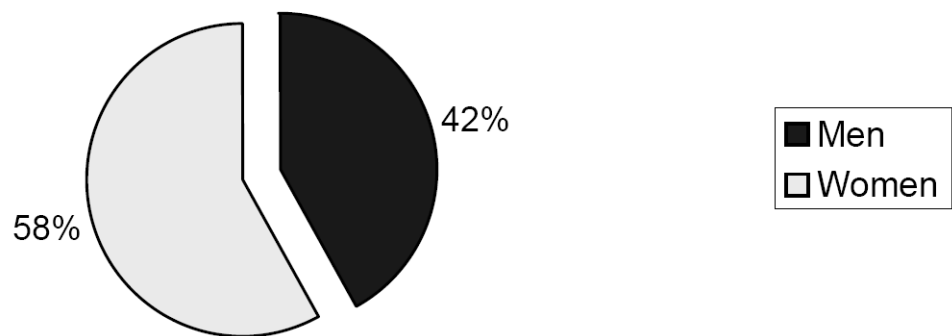
Statistical Report



Interventions by teams and services

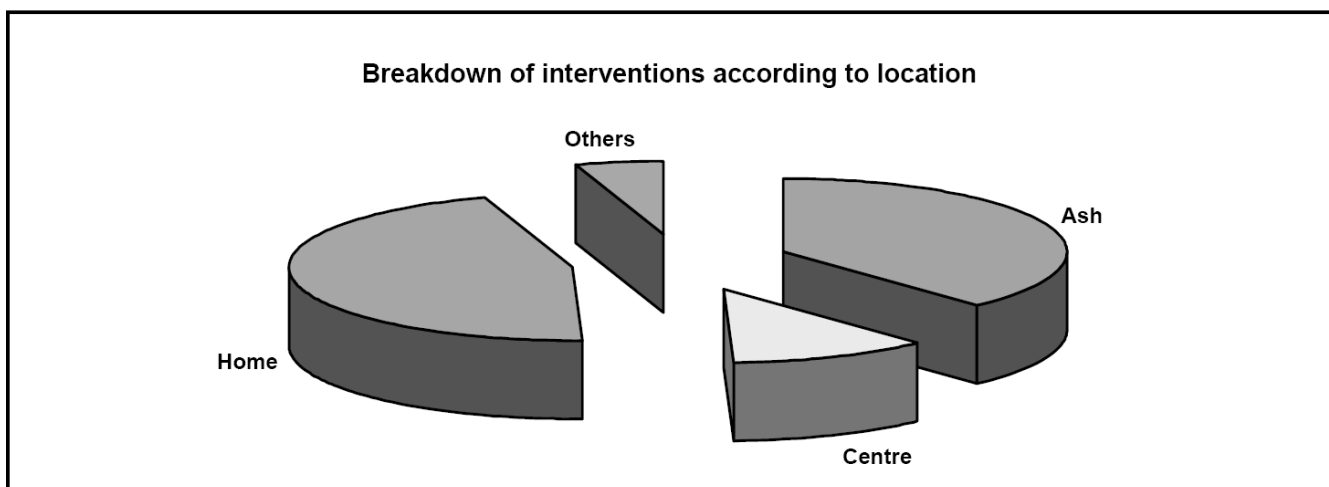
Teams and services	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	Margin (07-08 VS 06-07)
	Int.	Int.	Int.	Int.	Int.	Variation
Adult Team	2 587	2 717	2 917	3 197	3 022	-5,8%
Intake/Triage Team	7 766	5 807	5 786	7 788	8 250	5,6%
Youth/Family Team	2 343	2 492	2 591	2 425	2 907	16,6%
Medical Services	3 343	3 113	2 660	2 725	3 479	21,7%
Youth	1 885	2 384	1 885	2 132	1 836	-16,1%
School Team	1 365	931	810	1 221	1 249	2,2%
Home Care Team	16 609	16 442	19 329	19 143	18 318	-4,5%
Total of interventions	35 898	33 886	35 978	38 631	39 061	1,1%

Breakdown of the number of men and women who have received services from the PSCCC



**Interventions by location and teams
excluding the doctors 2007-2008**

Teams	Ash ^{1.}	Centre ^{1.}	Home	Others ^{2.}	Total
Intake/Triage					
Adult					
Children/Family					
Youth					
School					
Home care/support					
Total of interventions 2007-2008	14 815	4 552	17 795	1 899	39 061
% of interventions 2007-2008	38%	12%	46%	5%	100%
% of interventions 2006-2007	36%	14%	46%	4%	100%
% of interventions 2005-2006	29%	18%	50%	3%	100%



1. Interventions on site and by phone

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

Proportion of Pointe St-Charles population reached by the Clinic according to age groups

Total of interventions : 39 061

Total of different users : 4791

% of P.S.C. population reached by the Clinic		
Year	%	Variation
2007-2008	36,1%	0,6%
2006-2007	35,5%	2,4%
2005-2006	33,1%	-1,4%
2004-2005	34,5%	-4,7%
2003-2004	39,2%	-1,3%

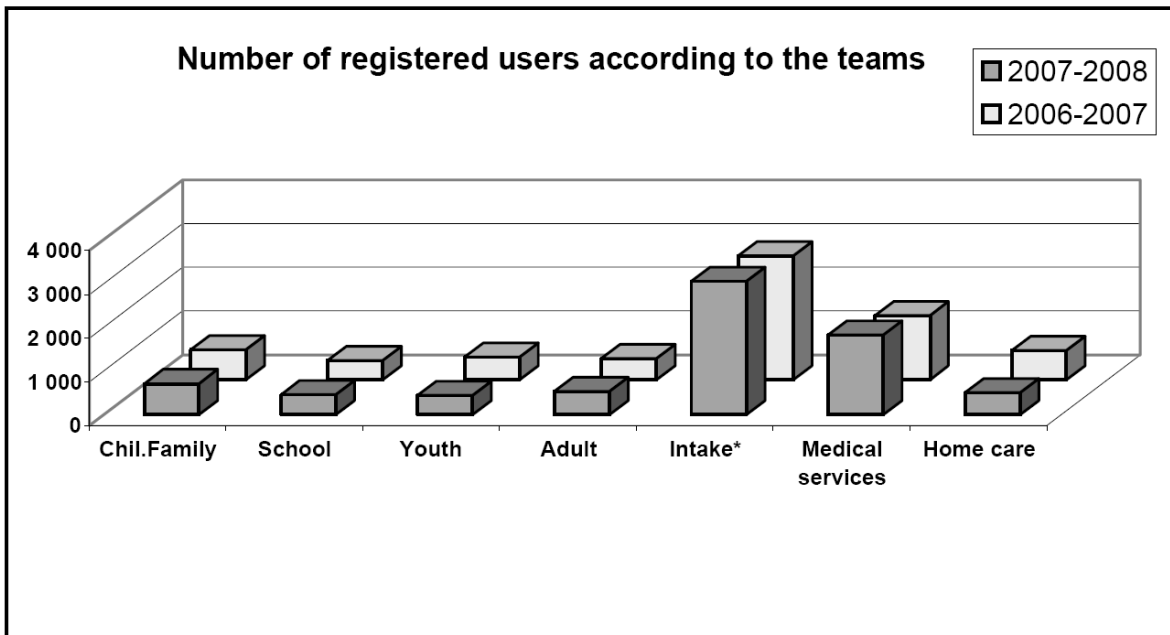
Age groups	Clinic users	P.S.C. population (Statistics Canada)	% reached by the Clinic	
	2007-2008	2001	2007-2008	2006-2007
0-1	355	335	106,0%	96,4%
2-5	306	695	44,0%	46,6%
6-11	468	1115	42,0%	44,8%
12-17	293	890	32,9%	29,1%
18-24	469	1245	37,7%	37,9%
25-44	1324	4560	29,0%	26,8%
45-64	1038	2980	34,8%	33,6%
65-74	358	875	40,9%	45,4%
75-84	224	445	50,3%	53,7%
85 +	75	145	51,7%	62,1%
Total	4791	13285	36,1%	35,5%

**Reasons for consulting at the
Point St-Charles community Clinic
April 1, 2007 to March 31, 2008**

Main reason for consulting	Users	Interventions
1- Respiratory system (Sinusitis, flu, pneumonia, emphysema, tonsillitis, cold, pharyngitis, laryngitis, asthma, bronchitis)	777	2 343
2- Vaccination/inoculation	1 425	2 208
3- Symptoms, signs, diseases for wich diagnosis unclear (HIV, loss of autonomy, cardiac anomalies, respiratory anomalies)	1 385	5 711
4- Skin diseases & disorders (chronic ulcers, acne)	559	3 099
5- Request for examination (medical, radiological)	528	858
6- Circulatory system (hypertension, cardiopathy, arteries)	588	4839
7- Disease and problems with the osteo-articulatory system (osteoporosis, slipped disc, tendinitis, bursitis, arthritis, rheumatism)	510	1 672
8- Poisoning, traumatic lesions (frostbite, burn, contusion/bruise, sprain, fracture, bite, sting, cut, scrape)	509	3 706
9- Problems related to family life (parental skills, parent/child relation, single parenting)	372	2011
10- Genito-urinary organs (infection, cystitis, calculus/bladder stones, prostate, breast disease and other problems, kidney failure)	333	797
11- Endocrinal disease, problems related to nutrition and metabolism	436	5027
12- Contraception and reproduction	339	604
13- Digestive system (oesophagus, stomach, duodenum, ulcer, liver, diverculosis, diarrhoea, constipation, intestine, hernia)	315	602
14- Ear infections and disorders (otitis, deafness)	215	340
15- Personnal development & awareness, social adaptation problems (concerns the user himself/herself)	333	1397
16- Various social problems (discrimination, homeless, request for funding for day-care or summer camp, curator)	290	2743
17- Depressive phase (bipolar or other)	334	1543
18- Pre-natal follow-up with mothers	177	761
19- Dental hygiene	171	312
20- Social and economical problems (housing, food, clothing, insufficient resources)	146	438

Statistical summary

	2007-2008	2006-2007	Variation
Number of different users who have received services at the P.S.C. Clinic (active)	4 791	4 720	2%
Number of newly registered users who have received services at the P.S.C. Clinic during the year	1 402	1 223	15%
Breakdown of registered users according to teams:			
Children/Family	718	687	5%
School	471	436	8%
Youth	451	513	-12%
Adult	538	490	10%
Intake/Triage	3 062	2 836	8%
Medical services	1 828	1 471	24%
Home care/support	518	664	-22%



* Including psycho-social intake/triage and nursing care

Team Reports



Adult Team

Mandate

Adult Team services are intended to increase or maintain the physical, psychological and social well-being of adults aged 25 to 64. The team is also responsible for a psychiatric outpatient clinic covering the Point St. Charles territory.

Services

The Adult Team provides a variety of services including nursing care, psychiatric counselling, psychosocial intervention, support for organizations, nutritional follow-up, crisis intervention and community work carried out in association with neighbourhood organizations.

Highlights for 2007-2008

This year, members of the Adult Team received several trainings sessions to increase their knowledge about mental health.

As they have done for many years, the team conducted visits with neighbourhood community groups and institutions to examine the possibility of building partnerships with them. To the same end, the team offered support to the housing organization, Oasis de Pointe-Saint-Charles, organized an information booth during Mental Health Week and sat on the cognitive impairment steering committee.

The team also developed a procedure for the implementation of a luminotherapy service, which will be available starting in September. Luminotherapy is used to treat Seasonal Affective Disorder that is characterized by a depression-like state due to lack of sunlight during the winter season. It is estimated that this problem affects some 3-5% of the population, including children and adults.

The team has established a collaborative relationship with several other specialized institutions and health services in Montréal (Chest Institute, Heart Institute, etc.) to treat residents of Point St. Charles suffering from respiratory diseases.

Childhood-Family Team

Mandate

The Childhood-Family Team provides services to pregnant women and families with children aged 5 and younger. The team's mandate is to prevent health and psychosocial problems from appearing, becoming worse or recurring, and to promote the development of children and families.

Services

The team carries out a wide range of activities to support families in difficult situations both before and after the birth of a child, to increase parental skills and to support the development of a community network capable of responding to the needs of neighbourhood families. In addition to providing

individual services for families (nursing, nutritional counselling, psychosocial and educational support), the team emphasizes the use of a preventive approach in group settings.

Highlights for 2007-2008

For several years now the team has organized the Ateliers du Club Bébé, addressed to parents and their children aged 1-9 months. The aim of this group intervention is to reduce isolation, foster support and solidarity and enable families to share expertise among themselves. In collaboration with the Youth Team, the team holds prevention activities for pregnant teens.

The team works with neighbourhood groups on different issues, for example, the group Nourri-Source, for the promotion of breastfeeding and the Table d'action concertée en Alimentation, concerning nutrition and food security. For the fifth consecutive year, it has organized the activity known as Contes sous l'arbre in collaboration with the Bibliothèque Saint-Charles, Familles en action and the YMCA.

Youth Team

Mandate

For young people aged 6 to 24 and their families, the Youth Team provides a wide range of preventive and curative services in order to improve their quality of life and help them attain self-sufficiency.

Services

The team provides a range of nursing, psychosocial and educational support services, adapted to the needs of youth and families. These include: preventive sexual health education services, screening for sexually transmitted diseases, birth control, interventions aimed at young girls at risk of early pregnancy, support for troubled families, support for families living with a disabled person, and individual psychosocial services for 14- to 24-year-olds. The Youth Team also offers a daily walk-in service for 14- to 24-year-olds, in which a nurse addresses situations that cannot be put off until the next day. The team works closely with a number of youth groups in the neighbourhood on prevention projects (prevention of drug addiction and teenage pregnancies, vacation camps, parental support workshops).

Highlights for 2007-2008

In addition to its participation in the neighbourhood's youth steering committee, the team devoted a lot of energy to organizing a day of study on school retention, held on June 3. The event was organized in partnership with community groups and institutions that work with young people in the South-West of Montréal. The goal of the meeting, which was to come up with options to encourage school retention, was reached and a work plan will be ready in the fall.

Community Planning and Development Team

Mandate

The community planning and development team works to mobilize neighbourhood citizens around issues affecting their living conditions and their health. In addition to producing the analyses and reflections needed to plan and develop community action in the neighbourhood, the team plays a leading role in struggles to gain respect for economic and social rights.

Services

The team works closely with neighbourhood groups and the community organization that represents them, Action Watchdog. Groups and Action Watchdog handle a number of different issues every year (health, urban planning, housing, environment, social security, etc.). A yearly evaluation of needs is carried out, and the team's action is focused on areas that are viewed as priorities for neighbourhood citizens.

Highlights for 2007-2008

Operation Improving our Neighbourhood (known by its French acronym OPA) continued its community mobilization work on development issues this year. OPA's particular focus was the question of green spaces and the development of neighbourhood parks. The group is now leading an important campaign for the survival of Parc Congrégation that the CN land developer wants to transform into a truck access route.

In addition to its work on green spaces, the team supported in its mobilization and representations Action Watchdog to ensure that huge development projects (CN, Nordelec) respect the needs and aspirations of the neighbourhood's residents.

The team gave strong support to the neighbourhood campaign to prevent the closing of the post office and successfully coordinated the school relay.

Concerning the health rights file, the team was involved in several major actions with the Solidarité Santé coalition ("Davos" Health summit in St. Sauveur, publication of the Castonguay report, opening of the Rockland private health clinic, creation of popular education tools, mobilization for May 1, etc.).

The team also provided organizational support to the Clinic, regarding the Citizens Relations Committee, the revision of the Constitution and By-laws and accreditation.

Resources Team

Mandate

The Resources Team is responsible for the Clinic's human, financial, material and organizational resources. The team also contributes to all of the Clinic's particular projects.

Services

Services provided by the Resources Team are generally intended to support the work of other Clinic teams, whose work is sometimes more visible. Behind the scenes, all of the Clinic's health care, social and community services require the work of an entire team for the maintenance of the premises, for handling finances, managing the payroll, managing human resources (vacations, staff selection, etc.), managing buildings, computer systems and communications systems, planning purchases, transportation, etc.

Highlights for 2007-2008

The Resources Team did a colossal job in organizing the renovation of our Centre Street premises. In addition to this work, they had to organize two staff moves from this service point (both coming and going), install temporary work stations, and deal with a mass of details to maintain services to the public. It was a huge challenge that the team met with great success.

We also want to acknowledge the team's commitment to organizing group and community events like the neighbourhood campaigns and the Clinic's annual general assembly.

School Team

Mandate

The School Team provides services to all families, and particularly to children and young people attending neighbourhood schools: Charles-Lemoyne, Jeanne-Leber, La Passerelle, Saint-Gabriel and Vézina. The team's interventions are intended to support the young people's full and optimum development on the physical, emotional, social and psychological levels. The team is present in neighbourhood schools, which means that it is directly involved in the environment of the young people who are its concern.

Services

The School Team offers a range of educational and preventive services: group animation to help shy children express themselves, babysitting and first-aid skills training, self-esteem workshops, courses on sexuality and the changes associated with puberty, workshops on preventing physical and sexual abuse, prevention and dental hygiene, etc.

Highlights for 2007-2008

For the fourth year, the team has invested a lot of energy in organizing the Party to Our Health, the focus of which this year was the school relay. Over the years, the schools (administrations and teachers) have become increasingly involved in organizing this party.

In collaboration with the group L'Informel, the team was involved in a hip-hop dance activity aimed at improving youth self-esteem.

Intake Team

Mandate

The Intake Team uses a global and community health approach to provide accessible and continuous nursing, medical and psychosocial services. Services are available by appointment or on a drop-in basis.

Services

The Intake Team often provides the first contact between citizens and the Clinic. Services are open and offered to the community as a whole. The team is also responsible for lab tests services (blood samples, etc.) and vaccination. Team members also carry out a number of administrative and technical functions which are essential, though not always visible: providing general information, referring people to other Clinic services, answering telephone inquiries, managing files, making appointments, etc.

Highlights for 2007-2008

The team's first order of business this year was to consolidate the Clinic's medical services. We can now rely on a full team of doctors, something the Clinic hasn't seen for a number of years. In addition to walk-in services, the medical team is increasingly concentrating on family medicine. The intake team's achievement has substantially increased the Clinic's service offer. In addition to intake service, the team takes an active part in the annual flu vaccine campaign and organizes diabetes and high blood pressure prevention activities. Team representatives also sit on the breast cancer steering committee.

Home Support Team

Mandate

The mandate of the Home Support Team is to provide services that will enable people with health problems to keep on living at home, under conditions that are safe and satisfactory for themselves, their caretakers and their families. Interventions in the home are carried out in a spirit of respect for users' cultural values and family and social situation, and are based on trust.

Services

In the area of home support, the Clinic provides a range of services including medical, nursing and psychosocial services, home adaptation services, and rehabilitation, support and compensation for domestic activities and the activities of daily life. The team also offers services to people aged 65 and over according to the specific needs of each person.

Highlights for 2007-2008

The team devoted huge amounts of energy this year to improving the procedures and processes of organizing home support services. The reorganization and changes required many hours of work in a highly demanding work context.

The team continued to support the Conseil des aînés. This year, the Conseil des aînés officially incorporated as a non-profit organization. The team's main focus was to set up a housing project (non-profit, with services) for independent or mildly incapacitated seniors. In addition to their involvement with seniors, the team is represented at the Regroupement des organismes pour aînés du sud-ouest de Montréal (ROPASOM).

EVALUATION
OF PRIORITIES FOR
2006-2007

and

PRIORITIES
for 2007-2008



2007-2008 Priorities

Adopt the 2008-2011 Strategic Plan

A strategic plan is a tool we use to set our directions and priorities and identify the means and timetables necessary for achieving them. In it, we describe what we want to achieve, and how and when we plan to do it.

The strategic plan was adopted.

Priorities that have been identified and achieved this year:

- **Develop health prevention, promotion and rights advocacy projects.**

We carried out a number of prevention activities: school relay, support for breastfeeding mothers, support of the Conseil des Aînés, campaign to maintain the post office, health rights, etc.

- **Mobilize residents and groups for neighbourhood development that fosters a healthy community.**

Our resident mobilization work centred on Operation Improving Our Neighbourhood, park preservation, etc.

- **Assess the quality of our services and involve residents and staff members, in particular, by means of the accreditation process.**

The accreditation process is well underway; see the Board's report.

- **Preserve the funding of the Clinic and neighbourhood community groups.**

We obtained \$200,000 in new funding this year and supported neighbourhood groups to maintain their funding.

- **Continue restructuring management to better attain our objectives as a citizen-based community health clinic.**

We consolidated our management by hiring a new management team, consolidating the teams, and adopting a participatory management philosophy.



2007-2008 Priorities

The Board of Directors adopted a strategic planning process that includes six major guidelines. These are the guidelines and the main priorities we are submitting to you this year:

- 1. Consolidate and further develop citizen participation:**
 - Devise mobilization tools for general assemblies and the Clinic's committees
 - Make the Clinic better known to new users
 - Set up a Committee for a Green Clinic

- 2. Consolidate and further develop health promotion activities with a community approach, together with neighbourhood groups:**
 - Help teams carry out their health promotion activities targeting particular problems (e.g., prevention of high blood pressure, breastfeeding, support for natural caregivers)
 - Participate in promoting school retention
 - Continue to mobilize citizens to improve neighbourhood planning
 - Hold consultations with the citizens to define guidelines, adopt strategies and implement an action plan for the right to health dossier.

- 3. Improve accessibility and adjust services to the population's current needs:**
 - Continue our activities to improve medical services
 - Set up a pilot project to better serve autonomous senior citizens

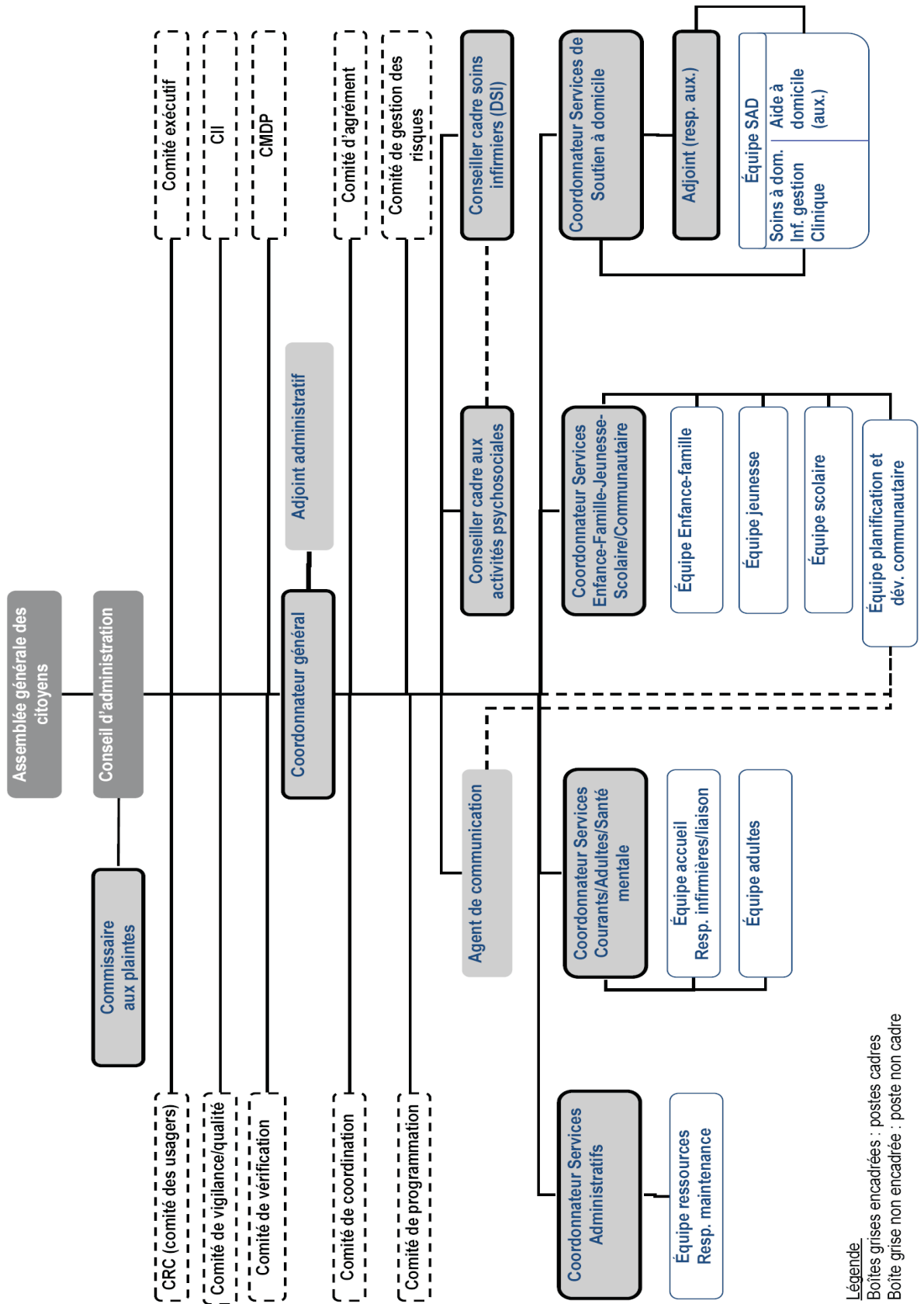
- 4. Improve service quality through effective and efficient resource management:**
 - Continue the process of evaluating our services (accreditation)
 - Implement a continuous service evaluation process
 - Improve the organization of home care services

- 5. Ensure the availability and upgrading of a qualified labour force:**
 - Organize continuous training activities for staff, addressing the particular realities of the Clinic and the neighbourhood

- 6. Ensure the development of financial, material and information resources**
 - Carry out the pay equity exercise



Clinique Communautaire de Pointe St-Charles Organigramme – 9 mai 2007



Légende
 Boîtes grises encadrées : postes cadres
 Boîte grise non encadrée : poste non cadre



Objectif de la Clinique

La Clinique Communautaire de Pointe Saint-Charles est un organisme de santé contrôlé par les citoyens et citoyennes dont l'objectif est d'organiser des services préventifs et curatifs, et de regrouper les citoyens et citoyennes autour des questions de santé afin d'améliorer les conditions de santé à court et à long terme.

Sont membres de la corporation:

Tous les citoyens et citoyennes du quartier Pointe Saint-Charles qui se sont inscrits-e-s à l'entrée de l'assemblée.