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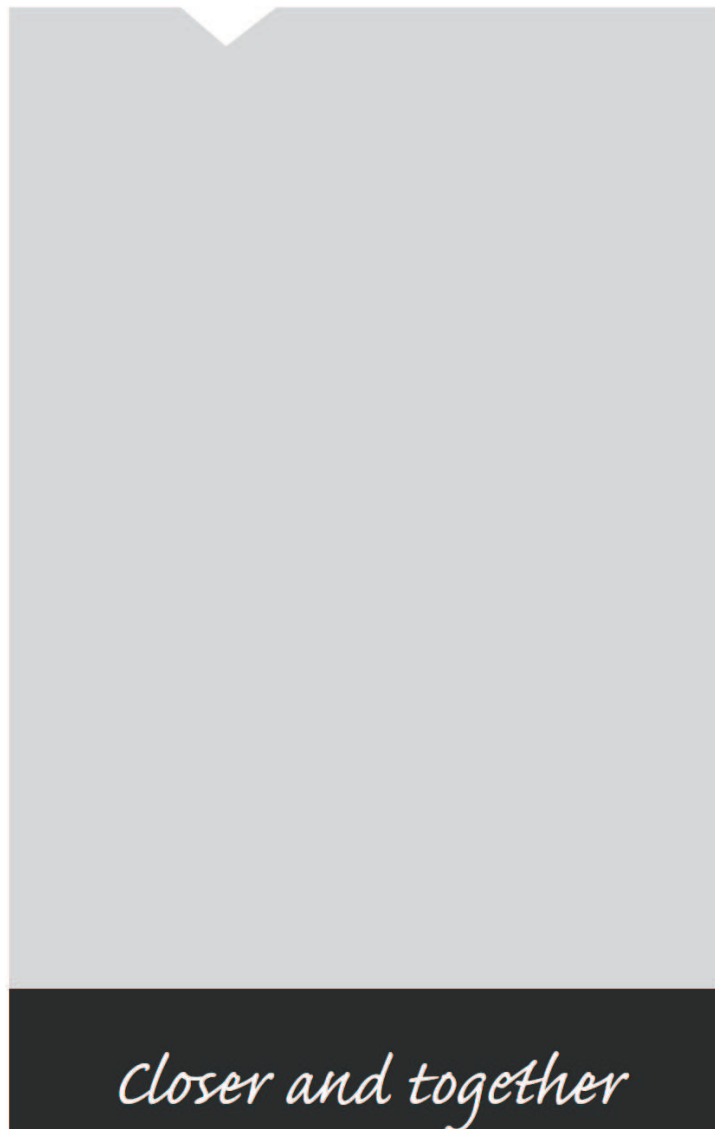
Annual Report
2008-2009



Pointe St.Charles Community Clinic



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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!

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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.

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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 \$			6 380 470 \$	
		127 681 \$			131 644 \$	
		6 414 642 \$			6 512 114 \$	
			Revenues			
			Ministry of Health & Social Services			
			Miscellaneous			
			Total of revenues			
			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%
			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 physicaly 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 \$			171 279 \$	
		2006 - 07	Results = Surplus		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 \$

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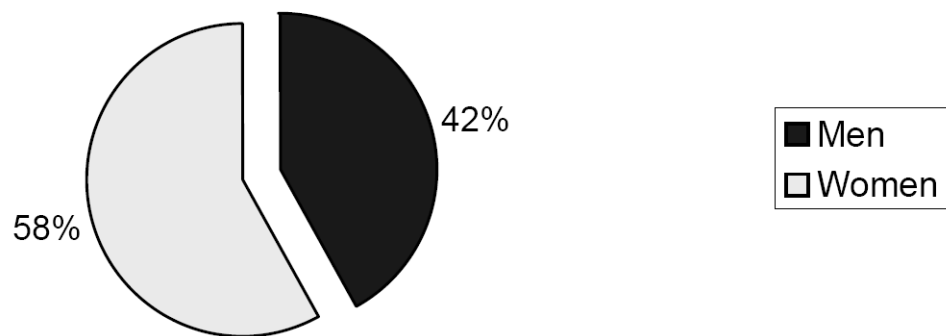
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Statistical
Report

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%

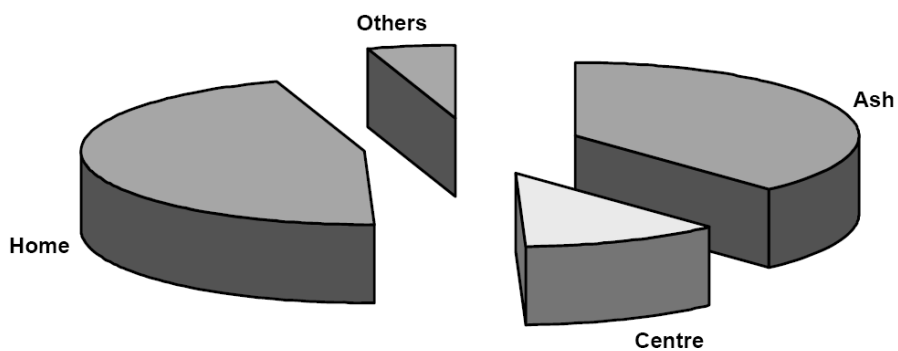
Breakdown of the number of men and women who have received services from the PSCCC



**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%

Breakdown of interventions according to location



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%

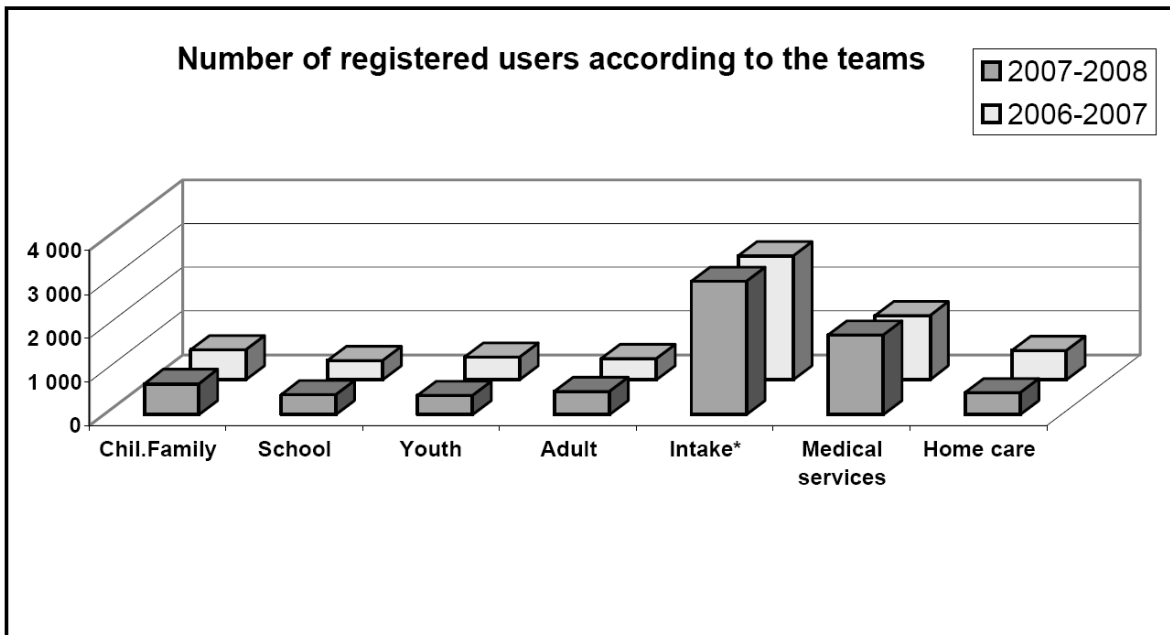
Age groups	Clinic users	P.S.C. population (Statistics Canada)	% reached by the Clinic	
	2007-2008	2001	2007-2008	2006-2007
0-1	355	335	106,0%	96,4%
2-5	306	695	44,0%	46,6%
6-11	468	1115	42,0%	44,8%
12-17	293	890	32,9%	29,1%
18-24	469	1245	37,7%	37,9%
25-44	1324	4560	29,0%	26,8%
45-64	1038	2980	34,8%	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

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Team
Reports

Adult Team

Mandate:

The Adult / Mental Health Team provides general health and social services to residents aged 25 to 65 throughout its catchment area. The team is also mandated to see to the outpatient psychiatric clinic for the Pointe Saint-Charles area.

Services provided:

The Adult / Mental Health Team offers various services to adults in terms of physical, psychological, social and environmental health. The team has developed particular expertise in following people with mental health problems and for this reason acts as consultant for the other professionals at the Clinic. In collaboration with the Douglas Hospital, it provides diagnostic services in psychiatry and follow-up of varying frequency.

Specific activities in 2008-2009:

A specific agreement was reached with the physicians' council on the systematic follow-up of people having mental health problems. Under the agreement, all users living with such problems are guaranteed systematic follow-up in general medicine.

As happens every year, we organized specific training sessions on personality disorders as well as a follow-up on the implementation of the McGill approach. The light therapy approach was not tried due to the lack of available space.

We maintained our ties and occasional visits to partners, including the coordinator's annual tour. We established closer ties with IPS (spouse follow-up) and OASIS (support and clinical supervision).

Mental Health Week was the focus, once again, of different kinds of awareness-raising and information activities. The team marked the week last October by holding various activities in the Clinic's waiting room. Workers welcomed users and gave them documentation on mental health problems; they also told them about existing services, and users were able to watch a video on the subject.

Despite the mobility and turnover of team members, we were able to maintain our service offer, and in fact the Clinic surpassed the Ministry's targets. The service contract with the Douglas Hospital was renewed and an

agreement was reached with the Agence de la santé et des services sociaux about the sums allocated to the mental health action plan.

Childhood-Family Team

Mandate:

The multidisciplinary Early Childhood and Family Team's mandate is to facilitate the healthy birth and development of Pointe Saint-Charles' children. It offers parents support in establishing the bonds with their children and helps them learn and develop parenting skills.

Services provided:

The team provides health and social services to neighbourhood families during the prenatal period and after birth, until the child is five years old. The team's approach is a comprehensive one, the services bringing together the biological, social, environmental and community aspects of health. Nurses, social workers, family care workers and nutritionists make up the team.

Specific activities in 2008-2009:

While ensuring access to first-line services, the team continued its work on particular projects to promote breastfeeding (breastfeeding area, appropriation of breastfeeding policy) and early child development (Club bébé), etc. The team also supported a project to promote the use of cotton diapers. The team is careful to adapt its services to reach out more successfully to recently arrived immigrant families. A group of women who speak neither French nor English was set up and mothers were asked to translate. The team maintains its collaborative work with existing community groups and is analyzing the best way to reach out to a population that has been changing in the past five years.

Youth Team

Mandate:

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

Services provided:

The team provides various nursing, psychosocial and educational assistance services to meet the needs of young people and their families. It also provides a daily

walk-in nursing service for youths between the ages of 14 to 24. Services are delivered both at the Clinic and at home. In addition, the team works closely with a number of neighbourhood youth groups on preventive projects.

Specific activities in 2008-2009:

The team participated in the Comité Sud-ouest sur la persévérance scolaire (stay in school) by making a presentation on the focus group findings and helping to draw up the regional action plan. It also took part in the local committee's coordinating body by co-hosting until December, in order to draw up the local action plan. The team provides a needle exchange service for IV drug users and distributes condoms. It helped organize training sessions for all concerned community and social services workers about street drugs and the decline in misdeeds. Last, it collaborated with the Early Childhood and Family Team in a working group for mothers who don't speak French or English and in a group for young pregnant women.

Community Planning and Development Team

Mandate:

The Community Planning and Development Team's mandate is to mobilize neighbourhood residents and 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 2008-2009, 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 2008-2009 :

In addition to her continued involvement in the People's Urban Planning Project (OPA) and on Action Watchdog's urban planning committee, the community organizer who represents the Clinic at Action Watchdog sat on the board of directors of this concerted action table of local community groups. She is also active in food security groups, especially in the fight to save community gardens. Another community organizer took part in the meetings of the expanded Board of Directors and in other meetings to discuss the situation of young people and families. After that, the steps taken to relocate services following the fire on Centre Street occupied much time of the community organizer present.

Administrative Services

Mandate:

The Administrative Services Coordinating Team ensures that activities related to the management of human, financial, material and informational resources get done. The team helps with the Clinic's specific projects as a whole and provides support services for the other teams' work.

Services provided:

The team is responsible for the upkeep of the premises and property management. It also handles financial activities, human resources, payroll service, computer and communication systems, purchase planning and transportation by minibus.

Specific activities in 2008-2009:

While ensuring its support for existing projects, the Administrative Services Coordinating Team is involved in setting up an associated FMG (Family Medicine Group) in order to improve medical services in the catchment area as well as access to them. The team has planned to free up a room for a physician when the Centre Street basement is redone.

The team did a follow-up with the Agence de la santé et des services sociaux to receive a budget for the medical equipment and to finish the repairs to the basement on Centre Street. The Clinic now has storage rooms for files and materiel, meeting rooms and lounges, etc. Moreover, the Coordination Team,

together with the unions, has undertaken to draw up a pay equity plan. It coordinated the process of recognition of the staff's contribution and held regular meetings with labour relations committees and union representatives.

Periodically the team prepared financial reports by department. Budget planning for 2009/2010 was done in cooperation with the people in charge of those respective budgets, namely, the coordinators and senior consultants. Last, a new computer system for financial resource management was set up.

School Team

Mandate:

The School Team provides health and social services to youngsters aged 4 to 17 who attend the schools of Pointe St-Charles: Jeanne-Leber, La Passerelle, Charles-Lemoyne, St-Gabriel and Vézina. It also provides the same services to their families. Made up of two nurses, two social workers and two dental hygienists, the team's approach is a comprehensive one, bringing together biological, social, environmental and community aspects of health..

Services provided:

The School Team provides educational services to the whole population. The services concern prevention-promotion, including the prevention of infectious diseases. It also provides treatment services to individuals who are especially vulnerable or are experiencing a particularly difficult situation.

Specific activities in 2008-2009:

The School Team operates in the schools and aims at promoting health and preventing a variety of problems: oral health, checking vaccination records, prevention of physical and sexual abuse. The dental hygienists did interventions at St. Columba House and Familles en Action. Special collaborative efforts were undertaken with Share The Warmth, the Informel project and a number of holiday camps. The nurses' preventive work consists of checking vaccination records and immunization of grade 10 and grade 9 students, and promoting a healthy

lifestyle. In addition to dealing with particular needs, the social workers intervene in the classroom, mostly to prevent physical and sexual abuse. A member of the team works on the Clinic's Green Committee for lab tests services (blood samples, etc.)

Home Support Team

Mandate:

The Home Care Team's mandate is to enable people with health problems to remain in their home in satisfactory, safe conditions. The intervention is performed with respect for the cultural values of the person and his/her family and builds on a relationship of trust.

Services provided:

The Clinic provides an array of services such as medical, nursing and psychosocial services; adapting the home; rehabilitation; partial or total assistance with activities of daily life; and household chores. The team also meets particular needs of people aged 65 and older.

Specific activities in 2008-2009:

The team maintained its support for the Conseil des aînés. It is involved with a new non-profit organization whose project is to build a residence with services for elderly persons who are autonomous or manifest only a slight loss of autonomy. The team is following the project step by step to be sure improvements are made as the building advances and thus to ensure the optimal use of space and a good quality of life for the people who will live there.

The team, moreover, has kept up its representations before the Regroupement des organismes pour aînés du sud-ouest de Montréal (RAPASOM).

Last, the Coordination Team continues to concern itself with stabilizing our team despite a somewhat unstable year in terms of staff.

Regular Services

Mandate:

The team provides short- and medium-term support services and health and social services to all ages, based on an approach that is a comprehensive one, bringing together the biological, social, environmental and community aspects of health for the population as a whole.

Services provided:

The Regular Services Team is often citizens' first contact with the Clinic.

The Intake Team provides, on an accessible and continuous basis, nursing care and medical and psychosocial services, by appointment or otherwise. It is in charge of sample collection (blood and other tests) and vaccination services. It is also responsible for some less visible administrative services and techniques such as general information, referrals, receiving calls, file management and booking appointments.

Specific activities in 2008-2009:

This department's list of policies and procedures was revised and new ones were adopted and harmonized. We shall mention only a few here: file management policy, respect for confidentiality policy and the medical list management procedure.

One of the Intake Team's strengths lies in its ability to be involved in the action plan for the "right to health" dossier. Here we are referring to the vaccination campaign and the team's participation in various prevention programs such as the fight against breast cancer, prevalence of intellectual impairment and prevention of diabetes.

The increase in medical staff certainly helped improve accessibility to medical services and allowed for better links with regular services. The equipment purchased also contributed to heightened diagnostic quality.

Please note, however, that there was a significant turnover among secretarial and intake staff that could have caused communication problems with users. We are sorry about this. Rest assured that one of our work priorities is to stabilize the work force in these sectors

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for our health

Proposed
priorities for
2009-2010

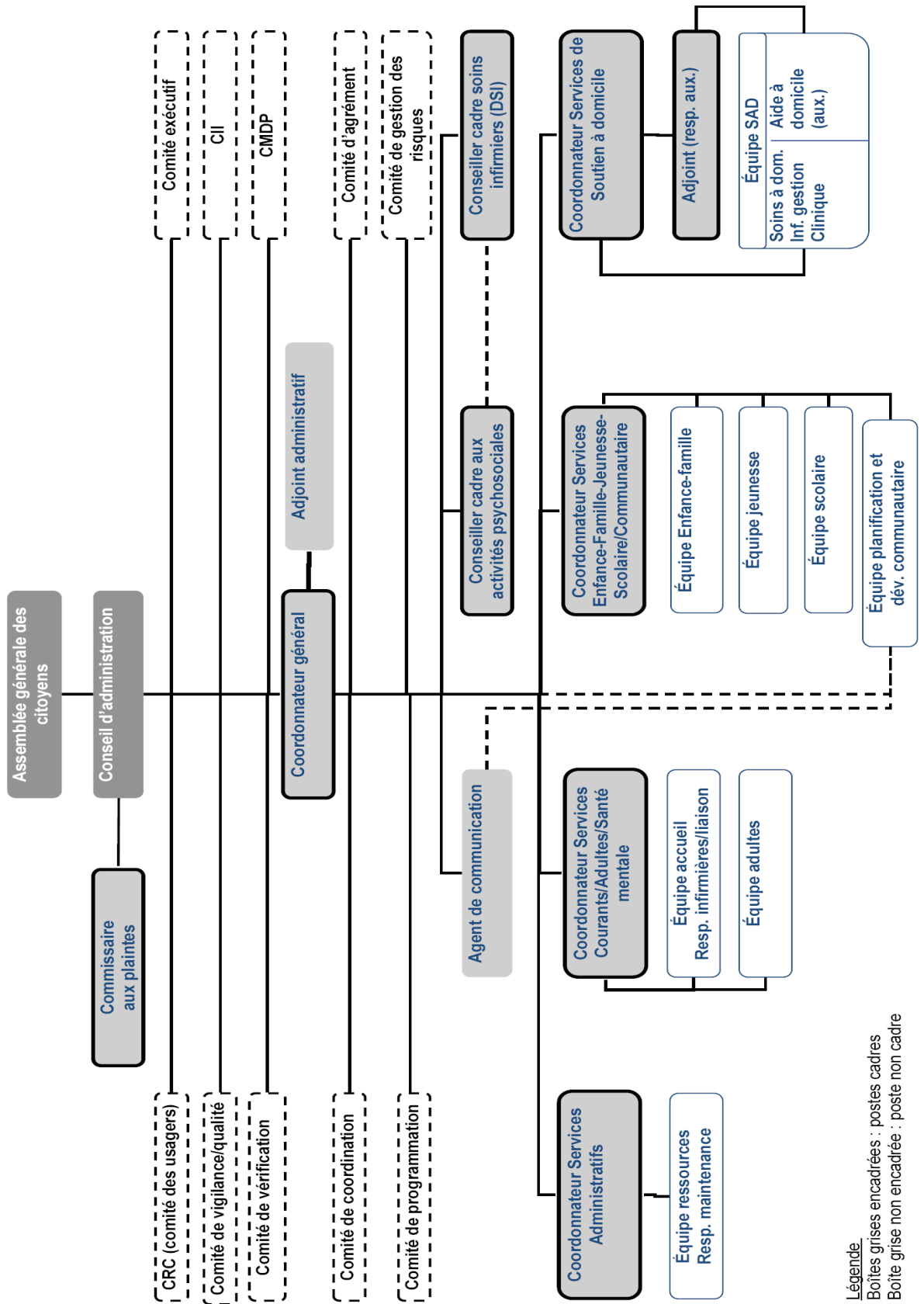


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Organization
chart

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



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

ERROR: ioerror
OFFENDING COMMAND: image

STACK: