Annual Report 2011-2012

Clinique communautaire
de Pointe-Saint-Charles

A unique clinic to be discovered!

Clinique communautaire de Pointe-Saint-Charles
500, avenue Ash, Montréal, QC H3K 2R4
1955, rue Centre, Montréal, QC H3K 1J1
Téléphone: 514.937.9251
Télécopieur: 514.937.3492
Site Web: www.ccpsc.qc.ca

The Pointe-Saint-Charles Community Clinic's 2011-2012 annual report is presented to the Annual general assembly of members of the Clinic on June 20, 2012.

Many thanks to everyone who contributed to this Annual Report.
Coordination : Claudette Lambert
Translation : Élise Boyer
Corrections : John Bradley
Cover illustration : Katasoho design

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Who are we?

The Pointe-Saint-Charles Community Clinic has the status of a non-profit community organization and the mandate of a CLSC, as defined in the Act respecting health services and social services, for the area of Pointe-Saint-Charles. The Clinic provides medical and social services, while working on the socioeconomic causes of illness.

The Clinic is a democratic organization. Its General Assembly determines its guidelines and priorities, and elects its Board of Directors, made up of a majority of citizens from the neighbourhood. Since its founding, the Clinic has been closely associated with Pointe-Saint-Charles' community development.

To carry out these mandates and action priorities, and offer you quality services, many multidisciplinary teams are at work every day at the Clinic: intake, adults, early childhood and family, youth, school, nursing, medical services, home care, community planning and development. You can come to the Clinic to receive medical attention as well as to get involved in acting collectively to improve the living and health conditions of the people of the Pointe. The Clinic is all about the health and solidarity of a neighbourhood!

Clinique communautaire
de Pointe-Saint-Charles

Thank you

Many thanks to all those who, throughout the year, gave freely of their time and put their skills at the service of the Pointe-Saint-Charles Community Clinic. Thanks to their involvement, the Clinic pursues its mission to offer quality services that respond to the needs of all Pointe-Saint-Charles residents. We want to mention in particular the work of the members of the Board of Directors and the Fight for Health Committee.

The Clinique communautaire de Pointe-Saint-Charles in local media

La Clinique communautaire de Pointe-Saint-Charles appui le mouvement «Occupons Montréal»

03/11/2011

À l'instar des indignéEs d'Occupons Montréal, nous en avons assez des injustices et d... pures dans les services publics. N... assez de voir les écarts de reve... façon indécente jour après jo... année.

...ent collectif et non-violent afin ...otre désaccord quant à la direc... ...institutions politiques et économi... ...lation mondiale se partage les richesses au détriment des 99% autres.

Vaccination contre la grippe

À la Clinique communautaire de Pointe Saint-Charles

17/11/2011

La Clinique communautaire de Pointe-Saint-Charles a prévu des horaires sans rendez-vous pour la vaccination contre la grippe saison-

Le v... sonnes atteinte... maladie chronique, aux ...personnes per-

Carte soleil ou carte de crédit?

La RAMQ doit jouer son rôle de chien de garde

08/12/2011

C'est avec consternation mais sans grande surprise que nous apprenions que des personnes devaient débourser plus de 500 $ pour subir une coloscopie (examen visuel du côlon). Ces frais sont facturés en plus de la

mesures nécessaires pour faire ... pratiques.

Dans la loi de l'assurance-maladi... interdit aux médecins de charger pour des actes médicaux pour lesquels ils sont déjà

...ul remède simple : aucun frais ne ...vrait être facturé aux patient-e-s pour des soins médicalement nécessaires. Tous les soins, incluant l'utilisation des médicaments et des agents anesthésiques en cabinet privé

ACTUALITÉS

Les écoles St. Gabriel et James Lyng resteront ouvertes tandis que St. John Bosco fermera ses portes

19/01/2012

ANDRÉ DESROCHES ET PHILIPPE BEAUCHEMIN

La Commission ... (CSEM) a tranc... James Lyng resteront ouvertes tandis que St. John Bosco fermera ses portes à la fin de juin. La décision a été prise lors d'un vote des commissaires tenu le 11 janvier. Ces derniers ont finalement convenu, après

Les inégalités sociales en santé : la Clinique communautaire de Pointe-Saint-Charles réclame des engagements politiques

12/01/2012

Au début décembre, le directeur de la santé publique de Montréal, Richard Lessard, présentait son rapport annuel sur le thème des inégalités sociales et de santé à Montréal. Ce rapport vient réaffirmer que les inégalités

...différents paliers de ... ont ces démonstrati... Il recommande, ... les mesures des famil... prestataires de l'aide ...

...table de concertation ...quartier «Action- ...re des droits économi... pour un développement du quartier en répon... pour la sécurité alimentaire,

...dont les pratiques de tarification abusive qui ...se répandent à grande vitesse. La Clinique communautaire est à même de constater que la mise en œuvre des recommandations du Directeur de santé publique

Manifestation contre la privatisation et la tarification des services publics.

09/02/2012

Le comité Défense des Droits d'Action-Gardien et le comité Lutte en Santé de la Clinique Communautaire de Pointe-Saint-Charles invitent les citoyens à prendre part, le 16 février, à la manifestation provinciale organisée par la Coalition opposée à la privatisation et la tarification des services

Centre du commerce mondial, commencera à 8h, place Vic... dés les Indignés). De... ointe-Saint-Charles s... ...ue Charlevoix, à 7h30 et 9h. Des billets pour le transport sont disponibles.

...sociale choisi par la société québécoise, qui ...laissent à l'individu la responsabil... ...mer tous ses frais et qui ...nantis». Ils ...

La clinique communautaire de Pointe-Saint-Charles participe à la manif devant la Tour de la Bourse

23/02/2012

Comme de nombreux groupes sociaux, la ...nte communautaire de Pointe-Saint- ...ipera à la manifestation en ...de la Bourse, le 16 ...Coalition ...atisation

La Clinique communautaire de P... Charles revendique entre autres l'a... la contribution santé - Que tu gag... ou 120 000 $ par année, tu serais obligé de ...payer 2005; c'est une mesure qui est très inju... ...te et qui pénalise encore une fois les person...

...personnes de Point... ...réunes sous la ban... ...Clinique. «Nous travaillons depuis ... ...années à sensibiliser les résidentes et ... de Pointe-Saint-Charles à la nécessité ... pour préserver un système de santé ...

La Clinique communautaire de Pointe-Saint-Charles appuie la lutte des étudiants

05/04/2012

Le conseil d'administration de la Clinique communautaire de Pointe-Saint-Charles a donné son appui à la lutte que mènent les

du fait que le financement des servic... publics se réalise par le biais d'un imp... progressif».

3e édition du concours «Moi, j'décroche mon diplôme !»

Organisé par la Clinique communautaire de Pointe-Saint-Charles

12/04/2012

Pour la troisième année consécutive, la Clinique communautaire de Pointe-Saint-Charles organise son concours «Moi, j'décroche mon diplôme!» ...Visant à encourager la persévérance

La date limi... pour s'inscrire est le 3... avril 2012 ... Une fête aura lieu l... ...penser les efforts de ... ...mie des prix. ...télécharger le formulaire d'in... ...Plus d'info

A word from the Board of Directors

Dear members,

Another year comes to a close for the Pointe-Saint-Charles Community Clinic. This was a busy year—to the point that the Board of Directors held several special meetings to properly deal with a good number of files important to the smooth running of the Clinic.

Obtaining our certification from the Conseil d'agrément du Québec took a lot of time and energy on the part of both staff and Board members. However, we passed this evaluation of the quality of the Clinic's services with no major problems.

The Board was also busy, and concerned, with the need to recruit new doctors. Staff recruitment and retention are recurrent issues facing all institutions, and the Clinic is no exception. Of course, staff shortages can sometimes result in periods of overload for the work teams. Fortunately the Clinic can count on its devoted, professional teams to maintain the quality of services delivered to the population.

Since the start of 2012, the Board members, as employers, have been involved in the process to renew the collective agreements of staff members belonging to the APTS and CSN unions. It's a long process that will continue this coming year.

Despite all the ups and downs, the Board has succeeded in working in a friendly, respectful atmosphere throughout the year. All the Board members' commitment is exemplary and shows their great attachment to the Clinic's mission and values.

I am able to say to you today that we were able to find our way around obstacles and achieve our objectives. The difficult periods allow us to identify problems and look ahead to solve them. Not everything is perfect, clearly, and there's a great, great deal of work to be done, but I'm convinced that we will seize the opportunities this represents for the Clinic's future. What we have to do now is roll up our sleeves once again.

I wish you a wonderful summer,

Pascal Lebrun
President Board of Directors

The Board of Directors 2011-2012

On the photo from left to right :
Nathacha Alexandroff, Valérie Fleurent, Marie-Claude Rose, Pascal Lebrun, Peter King, Shaen Johnston, Simon Cardinal, Zsuzsanna Jordan, Luc Leblanc and John Patrick Hogan.

Thank you !

Report from the Board of Director's committees

Citizens Relations Committee (CRC)

The Committee members are Zsuzsanna Jordan, Peter King and Luc Leblanc

The Citizens Relations Committee's mandate is to engage citizens in the Clinic and to have them give their opinion on different ways to improve the Clinic's services and activities. The CRC also has a mandate, stemming from the Health Act, to inform users about their rights and obligations, to defend their rights and interests, and, on request, to assist them with any steps they may want to take, including filing a complaint.

This year, due to a prolonged vacancy on the Community team, our Committee was only able to resume its work at the end of the year. However, it has put together a work plan for the coming months; its main features are:

1. Update the membership list and devise a tool to manage the list (done);

2. Prepare and carry out an information and awareness campaign about the CRC, aimed at members of the Clinic, users, staff and neighbourhood community groups;

3. Organize a festive event for the resumption of activities in the fall (e.g., a 5 à 7, a party in the yard of the Clinic). This would be an occasion for citizens and Clinic staff to get together and chat in a less formal setting than a meeting;

4. Look at the possibility of the CRC becoming a committee of Clinic members while having the mandate of a users' committee, as stipulated in the Health Act.

Service Agreements Committee

The committee members are Shane Johnston, Pascal Lebrun and Marie-Claude Rose.

Every year, the Clinic signs service agreements with neighbourhood groups that develop activities which, broadly speaking, promote the health of Pointe-Saint-Charles citizens. The Committee's mandate is to be informed about projects presented to the Clinic by different groups. Then the Committee recommends to the Board of Directors a distribution of the budget earmarked to support those groups' contribution to improve the local population's living and health conditions.

The Committee met several times in 2011-2012 to update the selection criteria for projects and to assess the 17 requests for service agreements submitted by groups.

Fight for Health Committee

The Committee members are John Bradley, Alain Chaurette, Donald Nolet, Nicole Pans, Gilles Roy and Gabriel Segall.

The Committee's mandate is to organize citizens to mobilize for the right to health; for a universal, accessible and free public health system; and against the privatization of healthcare services. It brings together citizens to discuss the issues and develop actions to facilitate access to services both in the Clinic and the healthcare system as a whole.

The Committee met regularly and carried out many activities throughout the year. It launched an awareness campaign on the health tax (campaign line 448), produced a guide for the Clinic's practitioners on extra billing and abusive fees, met with RAMQ decision makers, took part in a number of actions and demonstrations, and organized a public meeting.

Report from the Board of Director's committees

Committee to Monitor Quality and Risk Management Committee

Since the Clinic is relatively small and the Board of Directors necessarily has to set up many committees, it was decided to merge these two work committees. The Committee members are Michèle Bernier, Zsuzsanna Jordan, Carmen L'Allier, Luc Leblanc and Chantal Trudel.

Briefly, the Committee's mandate is to receive and analyze reports and recommendations sent to the Board of Directors regarding the relevance, quality, safety or effectiveness of services provided; respect of users' rights; and the processing of users' complaints. The Committee examined the service quality and Complaints commissioner's annual report (see her report in the present annual report) and the annual report on risk management.

Following the recommendations of the Conseil québécois de l'agrément, the Committee determined its priorities; for example, to play a more active role in improving service quality at the Clinic, as seen in its mandate defined in the Act respecting health services and social services.

The other priorities on the Committee's work plan now are to:

- Make sure the improvement plan that emerged from the certification process is followed up;
- Make sure practitioners carry out their intervention plans;
- Continue implementing measures to reduce errors in secretarial archive services.
- Develop ways to become more familiar with and deal with users' sources of dissatisfaction, particularly those made known to service coordinators.

Auditing Committee

The Committee members are John Hogan, Peter King, Luc Leblanc and Alain Martineau.

The Auditing Committee's mandate is to make recommendations and brief the Board of Directors about financial reports, budgets and the external auditors' annual report.

The Auditing Committee met twice this year and presented the Board of Directors with status financial reports and the annual financial report, in accordance with the law. The inspecting auditors made their report and confirmed that the rules and standards in force were respected in the Clinic's financial management.

Committee for a Green Clinic

The Committee members are Shaen Johnston, Nathacha Alexandroff, Nathalie Charpentier, Élizabeth Hinton, Linda Gagnon, Jean-Pierre Beauchamp, Claudette Lambert and Alain Martineau.

The Committee's mandate is to draw up, adopt and carry out an annual action plan to improve environmental practices. It must also raise awareness, educate and assist Clinic staff and users in engaging in initiatives and activities linked to the annual action plan.

The Board of Directors gave the Committee the task of organizing an awareness campaign to decrease the use of paper at the Clinic and gradually replace the paper used with certified recycled paper.

The Committee met during the year to study ways to organize an awareness campaign.

Selection Committee

The Committee members are Nathacha Alexandroff, Zsuzsanna Jordan and Johanne Primeau.

The members met regularly to recruit new staff following departures and to fill casual positions for these jobs: nurses, social workers, family care workers and social aides, nutritionist, community organizer, communications officer, services secretary, intake officer, coordinating secretary, administrative technician, senior consultant nurse and program coordinator.

Report on annual priorities for 2011▪2012

The priorities on which we are reporting here represent new issues adopted by the June 21, 2011 Annual General Assembly for the year 2011-2012. They therefore don't include all the activities carried out during the year or activities in connection with our day-to-day delivery of services. This is the case, for example, of the Clinic's participation on the planning committee of the Action Watchdog round table, the People's Urban Planning Operation (OPA) and the food security file. This also applies to the many activities carried out by the eight work teams to promote health and prevent disease, included in the Clinic's 2010-2015 Local Public Health Action Plan.

In the year that is ending, the Clinic completed an important process leading to its accreditation by the Conseil québécois d'Agrément on March 27, 2012. Since 2005, all health institutions in Québec must obtain this recognition certifying the quality of their services. This is the second time the Clinic has obtained its accreditation. This great success is the result of much work over a long period of time and the efforts of many staff members and citizens sitting on the Board of Directors.

Last, we should mention a few other major files undertaken or completed this year such as the end of the pay equity process, the renovation work in the reception area of our service point on Ash Avenue and the beginning of negotiations to renew the collective agreements and contracts for managerial staff.

Board of Directors

1.- Consolidate and further develop citizen participation.

1.1 Set up a computerized system to manage the membership list.	The membership list was computerized in a simple database that will allow us to select lists using different criteria such as date, surname or postal code. For example, the computerized list was used for the invitation to the June 20th general assembly.
1.2 The Citizens Relations Committee should carry out activities to broaden citizen participation in the Committee and the Clinic.	Traditionally the Citizens Relations Committee (CRC) always had the support of a member from the Community team to help organize its activities. In the past two years some positions of community organizer have been vacant for many months (sick leave, leave without pay, departure, etc.). Therefore, the CRC resumed its activities late, at the end of the year. It wants to explore organizing activities that will allow for a more informal, flexible involvement by citizens so that they feel a little more at home in the Clinic and with its decision-making bodies. To this end, the Committee hopes to adopt a three-year work plan in the fall of 2012.
1.3 Carry out the Committee for a Green Clinic's 2011-2012 work plan to improve the Clinic's environmental practices.	The Committee for a Green Clinic was restarted in the spring of 2012 and adopted a work plan. At its first meeting, held in May, the Committee decided that reducing the use of paper would be one of its first objectives.

Report on annual priorities for 2011▪2012

1.- Consolidate and further develop citizen participation.

1.4 Carry out the Fight for Health Committee's work plan regarding illegal and abusive billing in the healthcare system.	The Committee met 18 times this year. It carried out many activities during the year: it organized an awareness campaign on the health tax (campaign line 448), produced a guide for the Clinic's practitioners on extra billing and abusive fees, met with RAMQ decision makers, took part in a number of actions and demonstrations and organized a public meeting in February 2012 (40 participants). The Committee is now working on organizing a meeting with the local MNA and Minister Responsible for Seniors Marguerite Blais and a press conference on the issue of extra billing.

2.- Consolidate and further develop community-oriented health promotion activities.

2.1 Follow up on recommendations by the Pointe-Saint-Charles Youth Forum held on May 26, 2011.	A pilot project in speech therapy services for children aged 0 to 5, starting in September, is a direct outcome of the Forum's recommendations. The Clinic was actively involved in a collaborative effort with the other early childhood groups to identify needs and actions to be taken. Since involving parents was another recommendation, Clinic workers took part in mobilizing people to attend the Family Forum and they participated actively in the event.
2.2 Working with community groups, organize prevention activities regarding bedbug infestations.	Clinic practitioners adopted the new protocol this year, which meant that adjustments to our practices were necessary. Using the tools of the Agence de la santé et des services sociaux, we distributed information to some neighbourhood groups worried about bed bugs. A dossier is posted on the Clinic's website about measures to take against bed bugs and how to protect against them. The dossier was on the home page for over four months in 2011 and is still available in 2012. We made our bed bug protocol more similar to the WHO's and established closer collaboration with the organization to reduce the propagation of infestations in local buildings. A committee is being set up now to plan interventions in the neighbourhood. At the request of other groups, concerted action took place on other fronts this spring, in particular a watchdog committee was set up to coordinate help for victims in the event of a traumatic occurrence in the neighbourhood.

Report on annual priorities for 2011▪2012

3.- Improve accessibility and adjust services to the population's current needs.

3.1 Adopt a strategic planning process for 2012-2015 through a consultation involving Clinic members, the Board of Directors and staff.	The Board of Directors and the Coordination team worked on and adopted a proposed strategic planning process for 2012-2015. The proposal includes an analysis of the internal and external environments, and a description of health and neighbourhood issues. It will be submitted to the Special General Assembly in the fall of 2012.
3.2 Do what is necessary to re-establish walk-in medical services.	**Recruitment activities** The main prerequisite to resuming activities at the walk-in clinic is the recruitment of physicians. Many efforts were made this year: • presence at the job fair for graduates in medicine in the fall of 2011 • appealed to physicians practising outside Montréal who might be interested in coming back to the city (over 400 clinics) • developed promotional tools (panels for stands, promotional cards, a letter, publicity in a medical journal, etc.) Unfortunately, so far, these efforts have not borne fruit, and we will have to maintain this objective in the coming year. **Better collaboration between the Clinic and its Medical team** While recruiting physicians is the main condition for restarting the walk-in clinics, improved collaboration with our Medical team could also be a factor in attracting and keeping physicians at the Clinic. Six members of the Medical team expressed dissatisfaction over the organization of services and suggested possible solutions. As a result, a meeting was held between them and representatives of the Board of Directors on April 17, 2012. Following the meeting, the Board undertook a number of commitments to improve collaboration with the Medical team. It was agreed, among other things, to ratify a written collaboration protocol that would spell out the terms of cooperation between the Medical team and the Clinic.

Report on annual priorities for 2011▪2012

3.- Improve accessibility and adjust services to the population's current needs.

3.3 Support the group Naître à la Pointe with respect to the steps they are taking to establish a birthing centre in Pointe-Saint-Charles.	Naître à la Pointe is an initiative on the part of a group of women who live in the neighbourhood. The aim is to have a birthing centre in Pointe-Saint-Charles where, among other things, midwives could provide their services. A community organizer was assigned to the file to accompany and support this group of citizens. The group submitted a letter of intent to the Clinic's Board of Directors at the end of May. The letter states the group's wish to see the Naître à la Pointe project materialize and asks the Clinic to have the project formally registered with the healthcare decision-making bodies (CSSS/Agence).
3.4 Develop screening for blood-borne and sexually transmitted infections, especially for people over the age of 25.	Two nurses from the Regular Services team received theoretical training. A nurse from the Adult/Mental Health team is waiting to receive similar training.
3.5 Increase participation by women aged 50 and older in the Québec Breast Cancer Screening Program.	Work was done in collaboration with the SOV CSSS that included a number of meetings with the project manager from the Direction de la Santé Publique. A nurse from the Clinic held focus groups with women over the age of 50. Also, an awareness campaign was begun with staff through the "Osez le donner" program.
3.6 Using the Clinic's resources, improve access to social and nursing services for people aged 65 and older who are mobile.	The Coordination team took measures to ensure the continuity of internal services so that all citizens in the neighbourhood can have access to all the services (medical, nursing or psychosocial) offered by the Clinic, regardless of their age. Therefore people aged 65 have access to the services of the adult teams, regular services or home care.

What the acronyms stand for

OPA: People's Urban Planning Project
CRC: Citizens Relations Committee
RAMQ: Québec Health Insurance Board
OMH: Municipal Housing Office
CSSS SOV: Sud-Ouest-Verdun Health and Social Service Centre
MSSS: Ministry of Health and Social Services

Report on annual priorities for 2011▪2012

4.- Improve service quality through effective and efficient resource management.

4.1 Improve the quality of information about users' needs, statistical data, and the internal assignment and organization of services.

Administrative and support activities as well as professional interventions with users (medical, nursing and psychosocial care) are systematically identified and compiled. These statistical data are very useful to monitor changes in users' demands and in the services we offer.

Although what counts for the Clinic first and foremost is the quality of the practitioner-user relationship, the quality and reliability of this statistical information is also very important to have as accurate a picture as possible of the services we deliver. We have greatly improved the reliability of our statistical data in the last few years, and the improvement continued during the year that is ending.

One of the objectives of the improvement of data is to better equip the Board of Directors when making informed decisions about the Clinic's service offer. That is why we will see this important objective in the strategic planning for 2012-2015.

4.2 Adopt a Strategic Plan for work force planning and development.

Because the Administrative Services Coordinating team was working on major files this year (finalizing the pay equity process, contributing to the accreditation process, renovation work and the start of negotiations to renew the collective agreements and managerial staff's contracts), the adoption of a Strategic Plan was postponed until 2012/2013.

That is the year during which the Clinic must comply with a requirement from the Agence to that effect, as stated in the annual management agreement.

Report on annual priorities for 2011▪2012

5.- Ensure the availability and upgrading of a qualified work force.

5.1 Take measures to resort to an independent work force less often.	This year, the Clinic did not achieve the objective of using staff from employment agencies less frequently. Using these agencies was particularly important where nursing staff was concerned. A brief analysis revealed a number of factors that account for our resorting to an independent work force. Among them were the number of staff who left and the number hired, absences due to sick leaves and other leaves, in a situation of staff shortages, especially a shortage of nurses. We intend to work closely with the unions to use agencies less often and, in the medium term, improve our work organization as part of our strategic planning for 2012-2015.
5.2 Adopt a policy on and organize activities to acknowledge the Clinic's staff.	As we do every year, we held activities to acknowledge the staff during the year. The work to draw up a recognition policy was begun. The first step, which was to compile a list of the existing activities to recognize staff, was completed. The policy is expected to be adopted and implemented in the fall of 2012.
5.3 Systematize the training program for newly hired staff and continue training about the particularities of the Clinic and the neighbourhood.	A work group consisting of staff from the Community team and human resources was set up. They are working on an integration plan for new staff that includes training about the particularities of the Clinic and the neighbourhood.

6.- Ensure the development of financial, material and information resources

6.1 Adopt an overall plan for computer upgrading.	The Coordination Committee identified its needs while taking into account the requirements of the MSSS. These needs will be the basis to draw up an overall plan in 2012/2013. Priority will be given to the start-up of the computerized clinical records of users.
6.2 Undertake the work to redesign the reception area at the Ash Avenue service point to improve confidentiality, serviceability and safety.	Major work was done on the intake, secretarial and archives areas on Ash Avenue. The work, begun almost two years ago, was the result of a major process of planning and consultation with the staff concerned and an evaluation by an outside firm. Following the evaluation and the consultation, the three priority objectives were to: 1. Ensure confidentiality in the management of users' records. 2. Improve the organization of the service (decrease the risk of mistakes in keeping records, for example). 3. Improve safety for staff and users and the safety of the premises. This major work was completed in late May 2012. The official opening was celebrated on May 23, 2012.

Board of Directors' proposal to extend the 2011▪2012 priorities

The Pointe-Saint-Charles Community Clinic's Board of Directors proposes to extend the 2011-2012 priorities until a special general assembly is held in the fall of 2012.

Why?

At the beginning of the year, the Board of Directors' aim was to adopt the 2012-2015 Strategic Plan at the Annual General Assembly of June 20, 2012. At the same time, we would have identified and adopted the annual priorities for 2012-2013. Unfortunately, we soon realized this deadline was unrealistic.

In March 2012, we had to postpone the adoption of the Strategic Plann until the fall of 2012. This is why the Board of Directors is putting to you the proposal of extending the 2011-2012 priorities until the special general assembly on Strategic Plan for 2012-2015, to be held this fall.

Report from the Clinic's Teams

In take / Regular Services team

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.

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 of appointments.

Activities 2011▪2012

It's teamwork that characterizes our sector and allows us to achieve our objectives. Our team's strength lies in the wealth of experience and skills of each one of its members. This year we succeeded in taking up many challenges despite the departure of two doctors. We continue to manage our waiting lists so as to facilitate access to a family doctor at the Clinic. Still, any individual whose state of health is worrisome is able to see a nurse for an evaluation and obtain referrals if necessary.

The team's work in social intervention on intake deserves to be mentioned. During the year, we set up a single-window access for mental health, thanks to which users can receive care and services that are better tailored to their needs. The nurses working in intake and regular services had a very busy year. The quality of their work and their commitment meant that we were able to increase accessibility to health services for the population. We also added to our services screening and early treatment of high blood pressure, namely the ABPM technique (ambulatory blood pressure monitoring).

We can't refrain from mentioning the completion of the work to reorganize the reception area on Ash Avenue. It means we can better meet security and confidentiality standards, and receive the population in a more friendly and welcoming space. Lastly, we want to stress the work of the administrative support teams. Thanks to their unwavering support, we were able to maintain the continuity and quality of services, and do so despite many changes in staff.

Adult / Mental Health team

Mandate

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

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.

Adult / Mental Health team

Activities 2011▪2012

The year 2011-2012 was marked by the introduction of the mental health action plan, which assigns a bigger role to first line services—a fact that led our team to review some of the ways we do things. The Douglas Institute, moreover, informed us that it intended to terminate the terms of the service agreement we've had with it for over thirty years. A committee was set up to renegotiate the agreement in the hope of maintaining the gains this collaboration brought us, namely, the delivery of truly local services. This will be an important issue in the coming year.

The team continued its commitment to local organizations by providing several groups with prevention activities regarding mental health problems:

- With women who attend Madame Prend Congé;
- Being present regularly at lunchtime at Saint Columba House to inform users about the Clinic's services;
- Being involved in the process to promote the Québec Breast Cancer Screening Program;
- Participating in the group of parents of children with disabilities.

Early Childhood and 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.

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; breastfeeding workshops; OLO (EMO) program for pregnant women; 'Between Dads' Group.

Activities 2011▪2012

The team delegated one of its members to participate actively on the 0-5 Years Committee for concerted action by organizations providing services to children aged 0 to 5 and their families.

An action plan was drawn up concerning awareness of services for children with special needs, availability of daycare spaces and preparing to start school. The team was also involved in mobilizing and accompanying parents to participate in the Pointe-Saint-Charles Family Forum. The team continued its efforts regarding school retention, particularly by organizing the "I'm going to get my diploma!" Contest again this year. The purpose of this activity is to encourage young mothers to go back to school.

The group of new fathers called Entre pères (Among Dads) is aimed at young men sharing the experience of fatherhood and helping each other. The team put effort into making known the group in order to bring together another set of young dads. The activity was even featured in a special report on CBC radio.
Starting in the fall, the team will begin a pilot project on speech therapy for children aged 0 to 5. This will expand the team's service offer to contribute to the neighbourhood children's improved development.

Youth team

Mandate

The Youth team offers health and social services to young people ages 6 to 24 and their families. The team consists of two nurses, two social workers and an educational psychologist. A doctor works with the team.

Services provided from the Youth team:

- Walk-in nursing service for young people aged 14 to 24, for emergencies (e.g., emergency contraception, symptoms of sexually transmitted diseases and blood-borne infections, etc.);
- Contraception; Gynecological examination; Screening for STDs 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.

Activities 2011▪2012

Wanting to make its services better known, the team updated the pamphlet for the general public and publicized it more systematically among the neighbourhood organizations. The nurses also made presentations and led talks for groups—Madame Prend Congé in particular—and at a facility for young people.

One accomplishment the team takes pride in is having organized meetings with parents of children with disabilities or special needs. More meetings are planned to encourage mutual help and to find ways to meet the parents' needs for support and respite.

During the year, the team continued to collaborate regarding:

- The "I'm going to get my diploma!" Contest;
- Operation Vacation Camps, so that more than 30 children can experience camp this summer;
- The Youth Services cooperative;
- The Maison de Jeunes, for a joint project that will continue next year;
- The Pointe-Saint-Charles Family Forum.

Following the introduction of the youth mental health action plan, the team had to expand its service provision to young people likely to present mental health problems. The program should be consolidated in the coming year when new resources become available. Strengthening ties with all organizations working with youths, especially schools, is another objective set for the coming year.

«I'm going to get my diploma !»
Congratulations to the recipients !

Community Planning and Development team

Mandate

The Community Planning and Development Team works to mobilize the citizens in the neighbourhood so as to improve their living conditions as well as their overall health status. This work is carried out in close collaboration with community groups in the area. This team at the Clinic analyzes what is occurring in the neigbourhood and the impact it has on people's lives. Community groups, as well as the other teams at the Clinic, are then able to use this information when planning their various actions. The members of the Community Planning and Development Team also act in an advisory role to the General Coordinator of the Clinic as well as the Board of Directors concerning questions of strategy and taking public positions.

The team works from a perspective of social justice. In defending the social and economic rights of people in the neighbourhood, it is also committed to fostering social change. To tackle the problem of health it is critical to deal with the social determinants of health such as poverty, housing, a healthy urban environment, social exclusion, public and active transport, environmental questions, food security, etc. These are the issues that this team focuses upon. The team also does an annual review of the needs in the area, and then works on the issues that are considered priorities by the citizens.

Activities 2011▪2012

Community organizers' energy was especially directed at certain files in 2011-2012:

- The team actively supported the Fight for Health Committee. During the year, this Committee led an information and awareness campaign on illegal and abusive fees through articles, posters, personal accounts, information tables at the Clinic, public meetings, etc. The Committee also joined the province-wide campaign against the health tax (which amounted to $100 this year and will rise to $200 next year). The Fight for Health Committee is made up of citizen activists, and the Clinic salutes their commitment to counter the growing threat of privatization of the healthcare system.
- A community organizer took an active role in the mobilization to keep St-Gabriel School open. The outcome was successful.
- Support for Naître à la Pointe led to this group's being able to adopt a founding document and submit to the Clinic a request for partnership to move towards realizing this project.
- The team was also very actively involved in preparing and carrying out the Family Forum, aimed at having many parents express their ideas about the challenges to better the lives of families living in the neighbourhood.
- The team participated in Action Watchdog's development committee (research, strategic analysis). The Pointe-Saint-Charles Community Clinic submitted a brief to the Office de consultation publique de Montréal for the public hearings on modifications to the Nordelec project.

In addition, the team took part in various mobilizations of the Pointe-Saint-Charles population in the fight against the privatization of public services and the hike in tuition fees. These struggles will continue.

La santé, notre affaire à tous ... vraiment?

SAQ pas ton camp de la Pointe

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.

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. For example, faced with increasingly frequent problems such as hyperactivity or attention disorder, parents are often distraught or overwhelmed by the situation and don't know whether to have medication prescribed for their child. The team will spend time with the youngster and his/her parents, give them information, help them to understand the situation, direct them to appropriate resources and provide the support they need.

The team has also developed an array of educational and preventive programs adapted to respond to needs expressed by young people or their parents. Here are a few examples : gardening classes; self-esteem workshops; classes on sexuality and changes at puberty; workshops on preventing physical and sexual abuse; referral to other resources and services.

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.

Activities 2011▪2012

In addition to the School team's regular care and service activities, its year was marked by two important questions:

- The measles operation, which heavily mobilized nurses since they had to check whether all school children and staff were well protected against measles, thereby avoiding an epidemic.
- The implementation of the Mental Health Action Plan, which meant that Clinic workers played a greater role in evaluating requests for mental health services. Although one day a week was added for social service, it wasn't enough to fully handle the increase in requests. Consolidating this new program and collaboration with our school partners in this endeavour will be an objective for the coming year.

With a view to helping parents prepare their children to start school, the team updated a brochure for parents called *A healthy child does better at school*. That's a fact! It contains advice on what can be done to help ready children for school. Getting off to a good start in school is crucial to children's successful integration and staying in school.

Home Care 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.

The service is for all citizens and family care givers 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, psychosocial support, etc.).

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

Services provided: medical services (follow-up, etc.); nursing care; social work services; personal care; access to equipment; assessment for adapting the home; respite for family caregivers.

Activities 2011▪2012

Despite a difficult year due to staff turnover, the Home Care team did more than 16,761 interventions. Compared to last year, this figure represents an increase of 1,265 hours provided by the team of home care workers and social aides, for a total of 16,964 service hours.

Under the Action Plan for Persons with Aged-related loss of autonomy (PALV) and the introduction of networks of integrated services for older persons, the Clinic—and mainly the Home Care team—continues to harmonize services to ensure the efficiency of its work organization.

The Home Care team is also involved in the Cité des bâtisseurs housing project. The selection committee is in the process of recruiting people who will have the opportunity to live in the Cité des bâtisseurs, which is scheduled to open in October 2012.

Since the beginning of the year, the team has been taking part in a research project on our particular approach to home care (flexible schedules and partnership with the user included in the definition of services). The project is a feasibility study with a view to recommending the approach to other CSSSs (health and social service centres) on the Island of Montréal.

Administrative Services Coordinating team

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.

Administrative Services Coordinating team

Mandate

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.

Lastly, the team members provide logistical support for activities organized by the Clinic in the community: General Assemblies, political actions, etc.

Activities 2011▪2012

The pay equity file was Administrative Services' biggest focus. Pay equity is meant to correct salary gaps due to systemic gender discrimination for people who hold jobs in predominantly female job classes. The Pay Equity Act obliges all organizations to have a pay equity plan and to assess periodically whether it is being maintained.

The Clinic began to take steps to carry out a pay equity plan in 2007. In 2010, the Commission de l'équité salariale deemed our plan to be in compliance with the Act and told us to proceed to evaluate whether it was being maintained.

Administrative Services therefore calculated and paid out salary adjustments to the people concerned who worked at the Clinic between November 21, 2001 and December 31, 2010.

Still on the subject of human resources, the work to introduce occupational health and safety measures continued. Together with the occupational health and safety committee, made up of union representatives from the CSN and the APTS, we adopted an occupational health and safety policy on home interventions. The policy will give staff tools to act safely when making home visits or providing services to Clinic users.

The Administrative Services coordinating body regularly attended meetings of the labour relations committees with the two unions. The purpose was to maintain harmonious relations with the union side as part of the implementation of the collective agreements that expired for the APTS on March 31, 2010, and for the CSN on March 31, 2011.

Regarding information resources, the Clinic continued replacing part of its computer equipment and updating some desktop applications, while giving staff relevant training sessions.

Together with the housekeeping workers, we set up a housekeeping routine to meet hygiene standards and ensure daily cleanliness at the two service points. Also, the work on the ground floor on Centre Street was carried out, as announced in the preceding annual report of the Clinic.

Communications at the Clinic

Mandate

To develop and implement communication strategies in connection with the Clinic's annual priorities. The communications service is aimed at making known to residents, and promoting among them, the Clinic's services and activities. It also has the internal mandate of making sure information circulates effectively among the Clinic's decision-making bodies and staff.

Activities 2011▪2012

Various means of communication were used this year to make known the Clinic's services and activities to both the population of Pointe-Saint-Charles as a whole and the people working at the Clinic. This year special attention was paid to producing a new "visual identity" for the Clinic.

Some of the activities carried out this year:

- Different tools were devised to promote Clinic services such as the "I'm going to get my diploma!" Contest, the Entre-Pères (Among Dads) group, a guide for parents whose children are starting school, the annual Flu vaccination campaign, a new pamphlet about the Clinic's services, a pamphlet on the provision of health services in Pointe-Saint-Charles and the vicinity, a guide on accompaniment and referral in the case of traumatic events, etc.
- Design of different posters and information and awareness-raising tools for the Fight for Health Committee: extra billing, health tax, etc.
- New communication and publicity tools produced for the campaign to recruit physicians.
- New "visual look" for the Clinic using an illustration of our two service points (used in particular for the lettering on the minibus).
- Publication of two issues of Info-Clinique and many Cyberletters.
- Publicizing the promotional video about the Clinic, Health and Solidarity of a Neighbourhood!
- Visibility in the local media by sending press releases and photos.
- Regular updates of the Clinic's website.
- Participation in different prevention campaigns in the field of health.

The Clinique communautaire de Pointe-Saint-Charles bus

Report on Processing of Complaints

COMPLAINTS : A SUMMARY

Period : April 1st 2011 to April 1st 2012

NATURE OF COMPLAINT	COMPLAINT	ASSISTANCE	TOTAL
Accessibility	3		3
Health care and services	4	2	6
Interpersonal relations	5		5
Building safety and security	2		2
Financial question			
Specific rights	2		2
Others	1		1
Medical complaints			
Total	17	2	19

Average delay in treating a complaint

17 (in number of days)

	2010-2011	2011-2012
Complaint files	16 +2 rejected	17 (1 actif)
Files assistance	2	2
Total	20	19

Second-level examination		
Parlementary Ombudsman	0	0

Financial Report

General Fund

Balance Sheet as of March 31 2012

ASSETS	2011	2012
Cash	1 393 692 $	885 249 $
Accounts receivable-Agency & MSSS	1 127 285 $	597 822 $
Accounts receivable	166 914 $	64 049 $
Owed by the Capital Asset fund	78 547 $	127 651 $
Accouting Reform-Accounts receivable	770 857 $	761 139 $
TOTAL OF ASSETS	3 537 295 $	2 435 910 $
DEBTS		
Account payable suppliers	692 577 $	354 654 $
Salaries and government deductions	444 956 $	818 602 $
Variation fringe benefits	815 099 $	773 034 $
Variation pay equity	1 438 690 $	258 573 $
Revenue carried over	19 173 $	66 000 $
Others components of debts	59 309 $	60 234 $
NET ASSETS	3 469 804 $	2 331 097 $
NET FINANCIAL ASSETS	67 491 $	104 813 $
Medical supplies	16 389 $	15 645 $
Prepaid expenses	7 800 $	17 255 $
	24 189 $	32 900 $
BALANCE OF FUND	**91 680 $**	**137 713 $**

Notes: Immobilisation fund, net assets of 5,231,844$, surplus of 5,176,513$

Financial Report

General Fund

Statement of revenues & expenses
for the period ending March 31 2012

REVENUES	**2011**	**2012**
MSSS/Agence	8 065 376 $	7 708 300 $
Recoveries of Rent	144 723 $	186 589 $
Miscellaneous	143 495 $	70 153 $
TOTAL OF REVENUES	**8 353 594 $**	**7 965 042 $**
EXPENSES		
Salaries	3 567 360 $	3 993 242 $
Fringe Benefits	1 044 170 $	1 027 923 $
Social Charges	958 473 $	998 295 $
Variation pay equity	1 438 690 $	219 149 $
	7 008 693 $	**6 238 609 $**
Rent	144 723 $	186 589 $
Direct Allowances	179 069 $	233 424 $
Service Contracts	491 620 $	510 809 $
Medical supplies	91 736 $	69 113 $
Maintenance and repairs	45 055 $	49 643 $
Supplies & others fees	598 557 $	610 035 $
	1 550 760 $	**1 659 613 $**
TOTAL OF EXPENSES	**8 559 453 $**	**7 898 222 $**
SURPLUS (DEFICIT)	**(205 859 $)**	**66 820 $**

Note: Immobilisation fund, revenues of 145,594$, expenses of 96,545$ surplus of 49,049$

Financial Report

2010-2011 %	Hours	$		Expense classification	2011 - 2012 Hours	$	%
				Revenues			
		8 210 099 $		Ministry of Health & Social Services		7 708 300 $	
		143 495 $		Miscellaneous		256 742 $	
		8 353 594 $		**Total of revenues**		**7 965 042 $**	
				Expenses			
7,3%	20 870	622 320 $	***5910***	Psycho-social serv.for YD and their family	18 416	606 787 $	7,7%
1,3%	3 072	107 672 $	***5930***	Ambulatory front line mental health services	12 043	425 386 $	5,4%
4,3%	9 554	364 174 $	***5940***	Support for people with severe mental health problems		- $	0,0%
1,2%	2 086	102 116 $	***6000***	Health care administration	2 217	105 157 $	1,3%
8,4%	18 100	722 003 $	***6170***	Home Care Services - Nursing	21 010	847 713 $	10,7%
5,8%	15 887	494 178 $	***6300***	Regular Health Services	16 608	648 089 $	8,2%
3,2%	5 896	273 285 $	***6510***	Early Childhood health services	5 159	256 773 $	3,3%
5,8%	19 945	494 330 $	***6530***	Home Care Services - Auxiliaries	20 460	513 319 $	6,5%
0,7%	2 068	63 900 $	***6540***	Preventive Dental Services	2 029	70 928 $	0,9%
5,2%	15 201	448 658 $	***6560***	Psycho-social services	13 800	506 420 $	6,4%
1,9%	1 322	158 938 $	***6580***	Public health - Prevention and protection	461	177 952 $	2,3%
1,3%	3 245	107 487 $	***6590***	Services in Schools	3 170	110 062 $	1,4%
1,2%		106 373 $	***7080***	Support to families with physicaly challenged members		130 960 $	1,7%
0,8%	2 122	69 841 $	***7110***	Nutrition	3 068	70 194 $	0,9%
2,3%	4 456	201 055 $	***7120***	Community actions	4 911	240 753 $	3,0%
5,3%	11 333	456 528 $	***7150***	Programs management	11 252	491 473 $	6,2%
1,1%	2 227	92 067 $	***7160***	Occupational therapy and physiotherapy	2 318	117 208 $	1,5%
12,4%	20 670	1 062 532 $	***7300***	General administration	23 482	1 158 183 $	14,7%
1,6%		138 896 $	***7340***	Data processing		112 457 $	1,4%
0,9%	2 253	80 331 $	***7400***	Transportation	2 348	82 990 $	1,1%
6,4%	24 899	547 174 $	***7530***	Réception - archives - telecommunications	20 744	552 283 $	7,0%
1,6%	6 195	140 928 $	***7640***	Maintenance	6 260	149 598 $	1,9%
0,0%		1 423 $	***7650***	Bio-medical waste management		1 210 $	0,0%
2,6%		219 499 $	***7700***	Installations-operation		253 535 $	3,2%
0,5%		45 055 $	***7800***	Maintenance and repairs of installation		49 643 $	0,6%
16,8%		1 438 690 $		Variation pay equity		219 149 $	2,8%
100,0%	**191 401**	**8 559 453 $**		**Total of expenses**	**189 756**	**7 898 222 $**	**100,0%**
		205 859 $-		**Results = Surplus**		**66 820 $**	
	2010-11					**2011 - 12**	
	133 667	3 567 360 $		Salaries	134 992	3 993 242 $	
	57 707	1 044 170 $		Fringe Benefits	54 764	1 027 923 $	
		958 473 $		Social Charges		998 295 $	
		91 736 $		Medical Supplies		69 113 $	
		1 459 024 $		Other fees		1 590 500 $	
		1 438 690 $		Variation pay equity		219 149 $	
	191 374	**8 559 453 $**		**Total of expenses**	189 756	**7 898 222 $**	
				General Fund			
		91 680 $		Balance of fund		137 713 $	

Financial Report

Social Fund

Balance sheet as of March 31 2012

ASSETS	2011	2012
Cash	8 797 $	4 260 $
Term Deposit	77 899 $	82 483 $
Accrued interest receivable		425 $
TOTAL OF ASSETS	**86 696 $**	**87 168 $**
DEBTS		
Owed to General Fund	65 $	353 $
BALANCE OF FUND	**86 631 $**	**86 815 $**
TOTAL DEBTS AND BALANCE OI	**86 696 $**	**87 168 $**

Social Fund

Statement of revenues & expenses
for the period ending March 31 2012

REVENUES	2011	2012
Interest	125 $	1 014 $
Debt collection(Beneficiaries)	328 $	420 $
TOTAL OF REVENUES	**453 $**	**1 434 $**
EXPENSES		
Support of beneficiaries	876 $	1 250 $
TOTAL OF EXPENSES	**876 $**	**1 250 $**
SURPLUS (DEFICIT)	**(423 $)**	**184 $**

Statistical Report 2011▪2012

STATISTICAL SUMMARY OF USER SERVICES

Description *	Financial year 2010-2011		Financial year 2011-2012		Variation	
	Users	interventions	Users	interventions	Users	interventions
Psychosocial services for youth with problems and their families	330	1 844	370	2 117	12,12%	14,80%
First-line mental health ambulatory services	213	1 943	194	1 969	(8,2)%	1,34%
Regular nursing care at home	410	7 951	404	7 941	(1,46)%	(0,13)%
Regular health care services	2 070	6 335	1 742	5 515	(15,85)%	(12,94)%
Parent and infant health	549	1 237	565	1 356	2,91%	9,62%
Home help	79	7 610	86	6 908	8,86%	(9,22)%
Preventive dental services	308	343	336	314	9,09%	(8,45)%
Psychosocial services at home	170	1 525	169	1 457	(0,59)%	(4,46)%
Psychosocial services other than at home	241	1 251	209	1 041	(13,28)%	(16,79)%
Public health, prevention and protection	872	893	936	974	7,34%	9,07%
School health program	29	55	65	99	124,14%	80,00%
Nutrition	117	464	105	371	(10,26)%	(20,04)%
Occupational therapy at home	143	285	154	307	7,69%	7,72%
Physiotherapy at home	56	146	33	148	(41,07)%	1,37%
Assistance for families of a person with a PD	15		19		26,67%	
Assistance for families of a person with DI	18		20		11,11%	
Assistance for families of a person with TED	27		29		7,41%	
Transportation of users		6 526		6 494		(0,49)%
Total		38 408		37 011		

Definitions

Psychosocial services for youth with problems and their families
This service is aimed at responding to the psychosocial needs of young people aged 0 to 17 years who have difficulties and the needs of their parents. The interventions, with follow-up, consist of supporting them to help correct situations that may lead to social adjustment problems, to prevent such situations from deteriorating and to reduce the consequences. The service is provided at the Clinic, in schools, daycares and/or at home.

First-line mental health ambulatory services
These are first-line mental health services to respond to the needs of young people and adults with a mental disorder whose symptoms are moderate to severe, but stable, and which cause moderate dysfunction in the social sphere, at work or at school; for example few friends, conflictive relations with peers, teachers or employers.

Variable degree of follow-up in the community
These services include assessment, treatment, rehabilitation and social integration in the community that are required by adults experiencing serious mental disorders. These specific services, provided from a perspective of recovery and rehabilitation, should allow a person to regain an optimal level of independent functioning in the community. These individuals' difficulties are such that they require sustained support and care in the medium or long term.

Regular nursing care at home
Nursing care is provided at home for users with a disability. The service allows them to live at home for as long as possible and is an alternative to hospitalization or institutional living.

Preventive dental services
Preventive activities are performed, mainly by dental hygienists, to improve and maintain dental health.

Definitions

Psychosocial services at home
The aim is to respond to psychological and social problems of people who have home services.

Psychosocial services other than at home
These are for dealing with psychological and social problems among users other than those losing their autonomy (individuals or local groups).

Public health, prevention and protection
This service includes activities related to the prevention of social problems, diseases and injuries, with the aim of maintaining and improving the population's health and well-being. It also covers activities to ensure that measures needed to protect the population (e.g., vaccination) are in place. Areas of intervention include infectious diseases, sexually transmitted diseases, HIV and environmental health.

School Health program
This service covers activities carried out in schools whose purpose is to apply programs aimed at maintaining and promoting physical health.

Nutrition
This service includes dietary and nutrition activities other than those offered to users of home care services.

Occupational therapy at home
Here we have recognized occupational therapy interventions provided to home care services users. The interventions are aimed at teaching people with loss of autonomy to function in their daily life and preserve their remaining autonomy.

Physiotherapy at home
This service delivers recognized physiotherapy interventions to home care services users. The interventions are aimed at assessing and treating problems that influence people's physical functions, specifically deficiencies of the neurological, musculoskeletal and cardiorespiratory systems.

Assistance for families of a person with a physical disability (PD)
Included are allowances to provide financial support for families of a person with a physical disability. The services to the family include caretaking, respite and urgent temporary help.

Assistance for families of a person with an intellectual disability (ID)
Included are allowances to provide financial support for families of a person with an intellectual disability. The services to the family include caretaking, respite and urgent temporary help.

Assistance for families of a person with a pervasive developmental disorder (PDD)
Included are allowances to provide financial support for families of a person with a pervasive developmental disorder. The services to the family include caretaking, respite and urgent temporary help.

Transportation of users
Number of trips for users (minibus and taxi)

Analysis of the statistical report for 2011▪2012

What follow are highlights of the Clinic's statistical data.

A number of factors can explain the 15.85% drop in users and 12.94% drop in interventions delivered in regular services. Here are three main ones: the departure of two doctors from the Clinic, the increase in length of interventions and the use of staff from employment agencies, who seldom compile their statistics.

The number of users and number of interventions in home care nursing and psychosocial services remained stable. There was, however an increase in demand for caretaking and respite services at home. For home help services, we observed a 9% increase in number of users but a 9% decrease in number of interventions.

The number of users receiving occupational therapy at home rose by 8%. Physiotherapy home services declined by 41%, but the total number of interventions remained the same. This means that, this year, the users of these services required more interventions.

The delivery of early childhood and family care increased by 3%. This may be explained in part by the arrival of young families in the neighbourhood.

The number of users and interventions delivered in school health services appeared to rise sharply this year. This is mostly because we improved the reliability of our statistics, not because there was a real variation in our services in schools.

The vaccination campaign against measles in the schools in the fall of 2011 produced a 7% increase in users under prevention and the protection of public health services.

Nutrition care declined by 10% due to staff vacancies in the course of the year.

The implementation of the Ministère de la santé et des services sociaux's Mental Health Action Plan was a major event in the year. Since demand increased, psychosocial intake is now focused on its role as access window (initial assessment) and does less short-term follow-up. This largely explains the drop in number of users and interventions at the activity centre: psychosocial services other than home care.

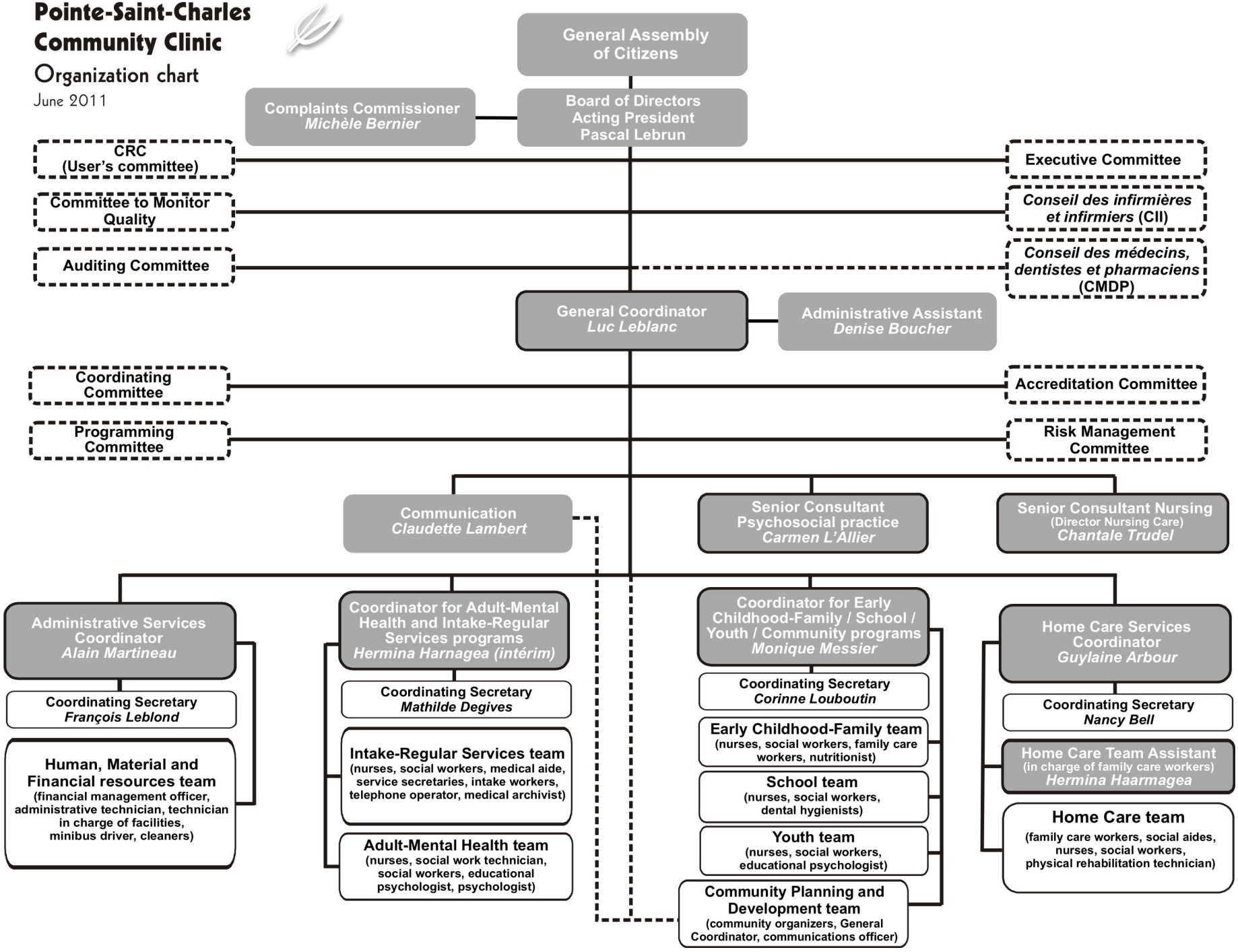
Regarding psychosocial services for young people, the 12% increase in users and close to 15% rise in interventions is due in large part to new requests for mental health services for youths linked to the implementation of the Mental Health Action Plan.

Club bébé 2011-2012

Pointe-Saint-Charles Community Clinic

Organization chart

June 2011



Photos from this year