ANNUAL REPORT 2010-2011

Pointe-Saint-Charles Community Clinic

More than a CLSC, it's citizens' control of health care!

http://ccpsc.qc.ca/en

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Mission and values of the Clinic

Mission and mandate

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

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

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

Our values

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

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

A word from the Board of Directors

Greetings Dear Citizens of the Neighbourhood,

Once again the Clinic has been very active this year. You can find our achievements in the report of activities (see page 8). These successes deserved to be mentioned, but as always is the case, we still have things to improve. That is why we are also presenting to you our “Proposed annual priorities for 2011-2012” (see page 28).

The members of the Board of Directors also worked hard this year. At their meeting this year, the Board did the following (among other things):

- Designated the officers of the corporation (president, vice-president, secretary and treasurer) from among its members;
- Was informed of the Coordination team members' working plans and adopted the General Coordinator's work plan;
- Attended a six-hour training session given by the Association québécoise des établissements de santé et de services sociaux (AQESSS) on the roles and powers of the Board of Directors, particularly respecting its responsibilities associated with the Clinic's mandate of first-line service, CLSC mission;
- Was informed of a document written by the General Coordinator about past internal discussions and steps taken since 2005 regarding participatory management;
- Hired a home care services coordinator, Marietta Omoa, in November 2010, and a coordinator for Regular Services and Adult/Mental Health, Michel Perrier, in April 2011;
- Agreed to engage the services of the company Media Solutions to enhance and computerize the payroll system;
- Met with the Clinic's medical staff to take note of their decision to suspend the medical Walk-in Clinics as of January 2011 due to a staff shortage;
- Reworked and updated the parameters of service agreements between the Clinic and neighbourhood community groups due to the dissatisfactions expressed by some groups;
- Worked on and adopted a code of ethics and professional conduct for directors, in collaboration with Lise Ferland, from Pointe-Saint-Charles et Petite-Bourgogne Legal Services;
- Adopted the abolition of two home help positions following a decline in demand for this service;
- Adopted the principle of converting two nursing positions into positions for home care nursing assistants;
- Adopted the objectives of and a mandate for the Committee for a Green Clinic;
- Adopted a work plan for the Fight for Health Committee;
- Adopted the 2011-2012 budget;
- Contested the Caisse populaire's abusive demands for personal information about the Clinic's bank signing officers;
- Met and signed a co-operation agreement with the group La cité des bâtisseurs regarding their project to build residences for senior citizens.

The Clinic is more than a CLSC, it's a project for citizen health!

It's our turn to take the floor and together improve our living and health conditions in the neighbourhood!

Isabelle Marcotte, for the Board of Directors

Report: Board of Directors and its committees

Members of the Board of Directors

From June 2010 to June 2011, the Clinic's Board of Directors held 11 regular meetings.

The Board was composed of:

Isabelle Marcotte, president

Donald Nolet, vice-president

Simon Cardinal, treasurer as of March 16, 2011, co-opted November 17, 2010

John Hogan, director, co-opted November 17, 2010

Pascal Lebrun, secretary

Tijani Dhaoui, director, resigned from the position of treasurer on March 16, 2011

Nathacha Alexandroff, director

Valérie Fleurent, employee-director

Luc Leblanc, general coordinator, without the right to vote

Was also a Board member:

Ion Cotelea, director, resigned November 17, 2010

Committee to Monitor Quality

The Committee members are:

Isabelle Marcotte, President of the Board; Michèle Bernier, Service quality and Complaints Commissioner; Chantal Trudel, senior consultant nurse; Carmen L'Allier, senior consultant for psychosocial activities; and Luc Leblanc, General Coordinator.

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

This year, the Committee to Monitor Quality met twice. Together with the Service quality and Complaints Commissioner, it decided to continue its work by renewing its 2009-2010 priorities, namely:

1. Whether individual intervention plans are carried out and how well;

2. Verify the quality of medical records management.

The senior consultants on professional practices and the members of the Coordination team (especially those on the medical records committee) continued to work on the two priorities throughout the year. Although there is still room for improvement, everyone agrees that the quality of intervention plans and management of medical records have vastly improved this year.

The Committee members acquainted themselves with the 2010-2011 annual report on complaints prepared by the Service quality and Complaints Commissioner.

Auditing Committee

The Committee members are:

Isabelle Marcotte, president of the Board; Tijani Dhaoui, director; Alain Martineau, administrative services coordinator; and Luc Leblanc, General Coordinator.

Briefly, the Auditing Committee's mandate is to make recommendations and advise the Board of Directors regarding financial reports, budgets and the external auditor's annual report.

In 2010-2011, the Auditing Committee met four times. It recommended to the Board of Directors that it adopt the auditor's 2010-2011 report and two financial progress reports, i.e., the report for the period of October 6 to 9, 2010, and the report for the period of January 10 to 11, 2011. It also recommended that the Board adopt the year end report of March 31, 2011, and the 2011-2012 budget.

Selection Committee

The Board members who actively participated in the selection committees this year were Isabelle Marcotte, Nathacha Alexandroff and Pascal Lebrun.

The Selection Committee met several times to recruit 6 people following departures during the year (retirement, resignation, change of jobs) and 11 people to complete staff numbers on the on-call list.

Report: Board of Directors and its committees

Citizens Relations Committee (CRC)

Committee members during the year were Hélène Ferron, Sylvie Bertrand and Michèle Pariseault, citizens and Marjolaine Despars, community organizer.

The Citizens Relations Committee's mandate is to encourage citizens to become involved in the Clinic and to give its opinions on different ways of improving the Clinic's services and activities. The CRC also has a legal mandate to inform users about their rights and obligations, defend their rights and interests and, on request, accompany them when undertaking any steps, including making a complaint. This year, the Board of Directors took charge of the legal side of the Committee's mandate. In January, following the arrival of a new community organizer, an attempt was made to revive the Committee to stimulate users' involvement. For more information about this committee, see point 1.2 in the Activities Report.

Fight for Health Committee

The Committee members are Alain Chaurette, Anselmo Leonelli, Gilles Roy and Manuel Guzman, citizens; Valérie Fleurent, employee-director on the Board; Donald Nolet, vice-president of the Board; and John Bradley, community organizer.

Also sitting on the Committee this year were Jean-Guy Dutil and Jean-Claude Fleury, citizens; Geneviève Lambert-Pilotte, communications officer; Pascal Lebrun, Secretary of the Board; and Luc Leblanc, General Coordinator.

As adopted at the Annual General Assembly of June 2010, the mandate of the Clinic's Fight for Health Committee is to "*continue the mobilization of citizens for the right to health, for a public health system that is universal, accessible and free of charge; and against the privatization of healthcare services; and to bring together citizens to discuss issues and develop with them an action plan to facilitate access to services in the Clinic and in the healthcare network as a whole*."

The Committee met 17 times during the year. For more information about the Committee's work this year, see point 2.6 of the Activities Report.

Service Agreement Committee

The Committee members are John Hogan and Tijani Dahoui, directors of the Board.

Also sitting on the Committee was Valérie Fleurent, employee-director.

The Committee met three times. As happens every year, the Clinic signs service agreements with neighbourhood groups who are developing activities that, broadly speaking, promote citizens' health. Moreover, this year, with a community organizer's help, the Committee reviewed various documents and clarified its selection criteria.

Assessment of activities

PRIORITIES 2010-2011	REPORT OF ACTIVITIES
1. Consolidate and further develop citizen participation	
1.1 Membership Set up a computer management system for the membership list and develop special communication tools for the members.	The database management software was installed. Although the membership list is still not included in the database (which is among our priorities for 2011-2012), special communications tools for members were developed. For example, three mailings of *Clinique en Bref* were done and cyber-letters were sent out announcing Clinic activities (24 mailings during the year).
1.2 Citizens Relations Committee Revive and develop the Citizens Relations Committee by organizing activities to expand citizen participation at the Clinic.	A questionnaire was sent to all members of the Clinic to find out their interest in participating in activities associated with health promotion. Twenty-one members responded; 14 showed an interest in taking part in the activities suggested and 8 said they could offer help in organizing the activities. A meeting was held to plan an initial activity for the spring. Given the low level of participation, it was decided to postpone the activity until the Fall.
1.3 Committee for a Green Clinic Continue the Committee for a Green Clinic's work plan to assess the Clinic's environmental practices and draw up another plan to change some practices in the short, medium and long term.	This Board of Directors committee was revived with a new chair, the administrative resources coordinator, with the support of a community organizer. This year, the Board adopted a proposal for a mandate and mode of operating and identified some priorities, including decreasing the amount of paper used at the Clinic.
2. Consolidate and further develop community-oriented health promotion activities together with neighbourhood groups	
2.1 Plan d'action local de santé publique (PAL)* Carry out health promotion and illness prevention activities contained in the 2010-2015 local public health action plan. * The Clinic's PAL is available on our website: http://ccpsc.qc.ca/publications	The Clinic's 2010-2015 PAL, which comprises health promotion and disease prevention activities, has been implemented and carried forward by several teams at the Clinic. The plan includes, for example, prenatal classes, the setting up of a group of new fathers, prevention activities in schools, interventions in urban planning, support for and participation in concerted action spaces, etc. The Adult team, for its part, organized an Art Week in December 2010. This met with great success both in terms of artist participation and visitor attendance. We want to continue this initiative next year. We should point out the Clinic's contribution this year to organizing and carrying out the Youth Forum, held on May 27. The Forum mobilized 55 workers involved in youth issues in the neighbourhood, 10 of whom were from the Clinic.

Assessment of activities

PRIORITIES 2010-2011	REPORT OF ACTIVITIES
2.2 Together with neighbourhood groups, develop workshops and/or activities to promote health.	A number of activities were carried out with neighbourhood groups. For example, nurses from the Clinic held prevention activities every Wednesday at Saint Columba House, and Clinic workers were involved with four neighbourhood groups as part of National Mental Health Week in May 2011.
2.3 Community approach Organize and hold a training session for workers at the Clinic on the community approach.	The two-day training on the community approach, offered to all the teams, was appreciated by the 16 participants. The training, aimed at improving and sharing workers' knowledge of the community approach, will be offered every year from now on. It produced ideas on how to bridge collective and individual interventions at the Clinic (for example, how to collectivize the problems experienced by a number of users). A follow-up of the training was held.
2.4 Urban planning Together with local community groups, continue the Clinic's involvement in the neighbourhood's urban planning issues with a view to keeping the population and improving their health and living conditions.	Through its community organizers, the Clinic continued to be involved in the People's Urban Planning Project (OPA). This year the OPA worked on questions of public transit and progress of citizens' proposals on parks and the Saint-Charles pole. The Clinic takes part in Action Watchdog's urban planning committee, which has focused its efforts on the development of the CN yards, Building 7 and the environs of the Lachine Canal. The Clinic also sits on the housing subcommittee of the urban planning committee, which is currently working on putting together a profile of housing in the Pointe.
2.5 Food security In cooperation with community groups, continue and increase the Clinic's intervention where food security is concerned.	A community organizer is taking part in the Food Security Round tableand was actively involved in organizing the *La Pointe en bouche* Forum, held in the fall of 2010. This year the Round table drew up a work plan for 2011-2012, which was submitted to the Direction de la Santé publique with the aim, among others, of having its budget renewed for a year. Also, the Home Care team participated in a meals-on-wheels pilot project with Saint Columba House.

Assessment of activities

PRIORITIES 2010-2011	REPORT OF ACTIVITIES
2.6 Fight for the right to health Continue to mobilize citizens for the right to health; for a public health system that is universal, accessible and free; and against the privatization of health care. • Convene citizens to discuss issues and with them develop an action plan to facilitate access to services at the Clinic as well as services in the health care system as a whole. • Increase the membership of the Clinic's Fight for Health Committee.	The Fight for Health Committee, along with other neighbourhood groups, participated in mobilizing citizens and Clinic staff for three big province-wide demonstrations against privatizing our healthcare system and against the provincial budget. A public meeting was organized in November 2010, which produced an increase in the Committee's membership and ideas for an analysis of elder care. The Committee also worked on the issue of dental care (meeting with McGill and establishing agreement between the Clinic and the Welcome Hall Mission). Currently the Committee is working to develop solidarity ties to mobilize low-income citizens, who have to pay the health contribution as of this year. Also, a working plan was adopted to raise awareness among the population and Clinic staff and mobilize them around the issue of illegal and abusive fees. Committee members were also present at the Clinic's kiosque during the solidarity evening last May.
3. Improve accessibility and adjust services to the population's current needs	
3.1 Documents to introduce our services Prepare documents describing in detail the Clinic's services and activities and how to access them, paying particular attention to newly-arrived residents.	The communications officer was responsible for writing the document and all its contents. It was validated by the Clinic's teams. It will be distributed door-to-door in the neighbourhood in September 2011.
3.2 Autonomous elderly people Put in place a nursing resource to better serve the neighbourhood's autonomous elderly.	Among the Clinic's regular users are fewer than 20 aged 65 and older who are autonomous and able to get around on their own. The coordinators of the Home Care team and Regular Services team had discussions on how to provide these users with access to nursing services.
3.3 Explore the possibilities of working with midwives.	The senior consultant nurse did some research into this matter. Meetings were held with the group Naître à la Pointe, and since April, a community organizer with the Clinic has been supporting this group in its work to establish a birthing centre in the neighbourhood for the women living in the South-West.

Assessment of activities

PRIORITIES 2010-2011	REPORT OF ACTIVITIES
4. Improve service quality through effective and efficient resource management	
4.1 Continuous improvement of service quality Carry out the activities contained in the Conseil québécois d'agrément's 2009 Improvement Plan. Take steps to resume the three-year certification process in February 2011.	Certification is aimed at the continuous improvement of services in Québec's health institutions. We obtained our first certification in February 2009. Since it is mandatory every three years, we must obtain a new certification in February 2012. Activities linked to certification last about a year, which is why we began them again in February 2011.
4.2 Priorities for the Committee to Monitor Quality Carry out the 2010-2011 priorities of the Committee to Monitor Quality and the Clinic's local Service quality and Complaints Commissioner: • Check whether individual intervention plans were carried out and how well • Check the quality of case file management	The medical records room was remodelled to ensure greater confidentiality and free up work space for a newly created second position of medical records secretary. Computer equipment was upgraded. A medical records committee was set up to review and improve how users' records are kept. A clear decline in mistakes in the records was observed. Security and confidentiality are essential features of regular services and will be further strengthened as the renovation work continues in the Clinic. In cooperation with the senior consultants on professional practices, we improved follow-up of the quality of individual intervention plans in nursing and psychosocial care.
5. Ensure the availability and upgrading of a qualified labour force	
5.1 Training for newly hired staff and subsequent continuous training about the Clinic and the neighbourhood • Systematize the training program for newly hired staff about the particularities of the Clinic and the neighbourhood, and put together an information kit to be given to every new employee. • Encourage the staff's interest and involvement in the Clinic's particular project by organizing further training activities for all employees regarding the Clinic's mission, approach and philosophy, and the neighbourhood's history and major issues.	An orientation (training) plan for each newly hired worker at the Clinic was drawn up. Newcomers are offered tours of the neighbourhood to learn about community life, the neighbourhood's history and major social issues. This year we produced a promotional video called *The Pointe-Saint-Charles Community Clinic: Health and Solidarity of a Neighbourhood!*, which will become part of the orientation package for newly hired workers. On a continuing basis, presentations on different neighbourhood matters are provided at each staff assembly (six per year): statistical profile of the neighbourhood, presentations by invited community groups, follow-up on local issues, etc. These activities should be more structured however. A training kit on the reality of the neighbourhood remains to be put together. A lot of relevant information for the kit is already on our website. We are now thinking about a way to use the information directly from the website rather than printing paper copies of the kit.

Assessment of activities

PRIORITIES 2010-2011	REPORT OF ACTIVITIES
6. Ensure the development of financial, material and information resources	
6.1 Pay equity Continue the work to complete the pay equity plan	The Clinic's report was submitted to the Commission sur l'équité salariale. Finally, after months of making representations and waiting, in early June 2011, we received official confirmation from the Agence of funding to cover most of the cost of our pay equity process. In the next few months, we should be putting into place an action plan to implement the equity measures in-house.
6.2 Computer security Adopt a computer security master plan.	The plan was adopted and set up in-house for all the work teams.

Report from the Clinic's Teams

Intake/ Regular Services team

For whom?

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 servicesto a population of all ages. Its approach is a global interdisciplinary one, bringing together the biological, social, environmental and community facets of health for the population as a whole.

Services provided:

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

Specific activities in 2010-2011

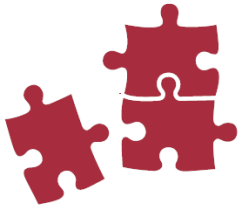
In addition to maintaining its regular activities, the team continued its prevention campaigns on vaccination and heatwaves. However, the walk-in medical clinic was suspended due to a lack of medical staff, and the turnover of doctors and nurses in the regular services department (as in the whole healthcare network) is still a concern. Meanwhile, the Nursing team has developed assessment and teaching tools pertaining to health problems such as diabetes and hypercholesterolemia, as well as standardized care plans for users needing intravenous administration.

The Clinic offers professional development sessions to maintain workers' competencies regarding complex care problems. This year, for example, we provided training in effective management of emergency situations. We should also point out that the purchase of new equipment facilitated access to certain kinds of care.

We put in place our one-stop access for mental health, which now becomes the neighbourhood's new entry point to have access to a psychiatric assessment.

The infrastructure needed to respond to the marked increase in our medical services was set up this year thanks to a major reorganization of secretarial services. Creating a fourth position meant better management of medical records. A new design of the premises (especially the installation of a half door) limits access to the medical records room, making for more secure working conditions and safeguarding confidentiality. A medical records committee was set up for quality control and reliability of handling the records. Since then we have noticed an improvement in the organization of our client services. Security and confidentiality are essential features of regular services and will be further strengthened as the renovation work continues in the Clinic. We have optimized our computer use to make intake service operations more reliable, and we will pursue this goal in the coming year.

Last, we proceeded to recruit a new regular services coordinator: Mr. Michel Perrier comes from the healthcare system and is well-prepared to continue the work of Ms. Danièle Estérez, who will now be able to enjoy her well-deserved retirement.



Adult / Mental Health team

From whom?

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.

Services provided:

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

Specific activities in 2010-2011

Report from the Clinic's Teams

The year 2010-2011 was characterized by integration and continuity for the members of the Adult/Mental Health team. The two positions of educational psychologist and psychologist were held by Véronique Vallée and Samira Dahi, respectively, who throughout this first year added their expertise to the team members' interventions. In addition, for six months, the team hosted Pauline Philippe, a psychology intern from France. The presence of all three enhanced the team's multidisciplinary nature, while they made a definite contribution to drawing up innovative projects.

The team continued to pursue its community interventions by:

- Developing Art Week in December 2010, which shed light on the link between art and mental health;
- Continuing, with a number of community groups, to analyze the problem of housing for people with mental health problems;
- Being present regularly at lunchtime at Saint Columba House to provide users with information about the Clinic's services and to respond to general requests;
- Organizing workshops on building confidence, which were presented at the Tour Charlevoix, the group Mme Prend Congé and the RIL rooming house on Centre Street, during Mental Health Week in May 2011;
- Presenting a workshop at the ACFAS Congress in May 2011 on an analysis of access to and quality of care at the Clinic.

In April 2011, the team said goodbye to its coordinator, Ms. Danièle Estérez, and enthusiastically welcomed the new one, Mr. Michel Perrier, along with Mr. Denis de Macedo, nurse consultant at the Douglas Hospital. In September 2010, the team also acknowledged the departure of psychiatrist Dr. Mario Roy, who left us after eight years of work characterized by his great availability and deep sense of ethics. Unfortunately, the team must cope with the shortage of psychiatrists, as experienced at the Douglas, which means we must review our practices as a whole.

Early Childhood and Family team

For whom?

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

Services provided:

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

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

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

Specific activities in 2010-2011

Following position changes and absences, the team experienced periods when the nursing staff wasn't complete. The remaining team members therefore had to double their efforts to ensure the continuity of services. Even so, some services couldn't be delivered with the same thoroughness or regularity. However, the team was bent on maintaining its involvement in the stay in school file and, for the second time, organized the "I'm going to

get my diploma" Contest. The contest is designed to encourage young mothers to go back to school. This project was a great success and more young women took part this year than last. We should also mention that one team member sits on the youth coordinating committee. Last, the team's social workers set up a group of new fathers in the neighbourhood called "Between Dads." This is a pilot project on its second group of participants. The aim is to create a place for men experiencing fatherhood to share what they are living through.

Youth team

For whom?

The Youth team offers health and social services to young people ages 6 to 24 and their families.
For example some of the questions dealt with are:

- Do you feel confused, stressed or overwhelmed by what's happening to you?
- Are you living through changes in your family, a difficult break-up of one kind or another, and you need to talk about it?
- As a parent, do you feel overwhelmed by your child's behaviour?
- Are you worried about what your child is drinking or taking?

The Youth team is there for you!

Services provided:

The team consists of two nurses, two social workers and an educational psychologist. A doctor work with the team.

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

Specific activities in 2010-2011

One of the team's important objectives this year was to strengthen cooperation with community organizations and schools.
In this respect, the team:

- Continued collaborating with the Coopérative jeunesse de services (Youth Services Cooperative) and with the Southwest intellectual impairment coordinating committee;
- Made new contacts aimed at developing collaboration with primary schools in the neighbourhood and with the Polyvalente St-Henri;
- Participated in meetings and activities at the Maison des jeunes Ado-Zone;
- Collaborated in an event on sexuality in youth held at Saint Columba House and called "Get to the Pointe."

Having the aim of continuing to adjust its services to the population's needs, the Youth team:

- Brought together parents of people with disabilities to find out about their needs;
- Contributed to the revision of the neighbourhood Youth Profile;
- Reviewed its actions regarding the prevention of blood-borne and sexually transmitted infections and took part in the Montreal one-day event on these infections;
- Helped organize the second edition of the "I'm going to get my diploma" Contest.

In closing, we should mention that a social work intern joined the team from September to April.

Report from the Clinic's Teams

Community Planning and Development Team

What does this team work on ?

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.

This 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.

Specific activities in 2010-2011

The team has been complete since January—finally! This means that we started the year short-staffed but the members present were very active. Apart from our regular files (local development, urban planning project [OPA], food security, etc.), the community organizers were energized by some issues in particular. This was the case with the Fight for Health Committee (public meeting, broader participation, the fight against the fee-for-service system) and the Social Rights Defence Committee (popular education workshops on budget choices). We actively supported the steps to integrate the Youth Coordinating Committee into Action Watchdog as a committee, and we helped organize the Pointe-Saint-Charles Youth Forum. Moreover, the Committee for a Green Clinic was revived and we provided support for the Naître à la Pointe group. Most of these questions will require continued attention in 2011-2012.

This year we want to emphasize the communication officer's involvement in the local committee for the World March of Women and March 8, in the research for and production of the new film to promote the Clinic, in the campaign to recruit new doctors, in organizing internal documentation, and in producing a general pamphlet about the Clinic (to be published in September 2011).

School team

For whom?

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

Services provided:

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

Specifically, the social workers do individual and family follow-up when problems are affecting children's academic results. For example, faced with increasingly frequent problems such as hyperactivity or attention desorder, 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.

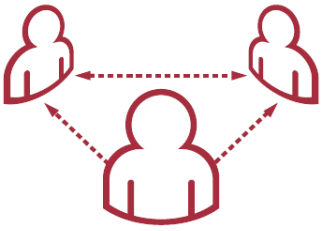
Treatment programs are also available. The dental hygienists do screening, prevention, individual care and group talks on dental health. The nurses also do screening, vaccinate students, do eye tests and give group talks on hygiene, healthy habits, prevention, sexuality, etc.

Specific activities in 2010-2011

The team continued its prevention and intervention work in the neighbourhood schools. At the beginning of the year, we presented the services we offer in schools to each principal's office to clarify the various roles of the members of our team.

One of the team's objectives this year was to strengthen its collaboration with local community groups. The reason was to become more familiar with available services and activities and to promote them among youngsters, parents and schools. To this end, the team visited a number of groups who provide services to young people and families.

In addition to providing its regular services, the team makes sure to update its intervention tools and adjust its programs to needs voiced by the school milieu. For example, the documents and practices to promote good hygiene were improved. At Charles-Lemoyne School, in cooperation with the physical education teachers, we developed a program called "Eat well, be active" to promote the importance of a good diet and physical activity.



Administrative Services Coordinating team

For whom?

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

Services provided:

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

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

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

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

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

Specific activities in 2010-2011

This year, Administrative Services, together with other coordinators concerned, was particularly busy in introducing occupational health and safety measures. The main activities were preparing safe premises, communicating with the staff concerned about preventive measures, inspecting premises identified as risky and organizing code white teams ready to intervene in risky situations. Still on the subject of human resources management, a training committee was created to draw up and implement a training plan. This committee saw to approving individual training requests and drawing up a draft policy.

The Human Resources sector acquired a computer program to manage some of its activities.

As for information resources, the Clinic approved a master plan for information assets security, and meetings were held with all the teams as part of a program to raise awareness of computer security. We renewed some of our computer equipment and upgraded a number of programs, while offering the staff relevant training

sessions.

After the fire on Centre Street and back in their respective offices last April, the Administrative Services staff spent the year working to renew the equipment and filing claims with the insurer.

Last, Administrative Services coordinated work with the secretaries to review and update the Clinic's administrative files.

Home care

For whom?

- For all citizens in the neighbourhood who have temporary or permanent impairments and who must receive some or all of their care at home (disability, convalescence, palliative care, loss of autonomy, psychosocial support, etc.);
- For family caregivers.

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

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

Services provided:

Depending on the assessment done by a caseworker, you may receive the following services:

- Medical services (follow-up, etc.);
- Nursing care (taking blood samples, etc.);
- Social work services (e.g., budget, family problems);
- Personal care (help with bathing, etc.);
- Access to equipment (walker, bath chair, etc.);
- Assessment for adapting the home;
- Respite for family caregivers.

Specific activities in 2010-2011

As compared with last year, the Home Care team made many more presentations on health subjects in several residences and to partners in the community.

In cooperation with the Conseil des Aînés (Council of Elders), we gave workshops on nutrition to people aged 60 and older living in the neighbourhood.

As part of the Cité des Bâtisseurs project, a selection committee was set up to choose future residents.

As part of the Action plan for persons with aging-related loss of autonomy (PALV) and the implementation of the Integrated Service Network for the Elderly (RSIPA), in 2010, the Clinic—and mainly the Home Care team—adopted the procedure to harmonize services started by the Agence de Santé et Services Sociaux de Montréal. The aim is to guarantee that the elderly have access to the same services regardless of where they live.

To do this, the Clinic introduced different organizational and administrative elements. For example, the basic services and access and prioritization criteria for home care were reviewed; professionals' roles and responsibilities were clarified; and the first steps to build a communication system and standardized clinical tools were taken.

The Home Care team also set up the management framework for the assistance program for family caregivers to facilitate access to caretaking, respite and urgent temporary help.

Report on Processing of Complaints

COMPLAINTS: A SUMMARY

Period : April 1st 2010 to March 31st 2011

NATURE OF COMPLAINT	COMPLAINT	ASSISTANCE	TOTAL
Accessibility	3	2	5
Health Care and services	3		3
Interpersonal relations	3		3
Building safety and security	5		5
Financial question			
Specific rights	1		1
Others	2 rejected		2
Medical complaints	1		1
Total	18	2	20

Average delay in treating a complaint

14 (in number of days)

	2009-2010	2010-2011
Complaint files	6	16 + 2 rejected
Files assistance	3	2
Total	9	20

Second-level examination		
Parlementary Ombudsman	0	0

Financial Report

General Fund

Balance Sheet as of March 31 2011

ASSETS	2010	2011
Cash	418 602 $	1 393 692 $
Accounts receivable-Agency & MSSS		1 127 285 $
Accounts receivable	696 227 $	166 914 $
Medical supplies	16 389 $	16 389 $
Prepaid expenses	2 734 $	7 800 $
Owed by the Capital Asset fund	275 609 $	78 547 $
Accouting Reform-Accounts receivable	780 689 $	770 857 $
TOTAL OF ASSETS	**2 190 250 $**	**3 561 484 $**

DEBTS		
Debts - Agence and MSSS	68 086 $	
Account payable suppliers	596 413 $	692 577 $
Salaries and government deductions	333 539 $	444 956 $
Variation fringe benefits	801 835 $	815 099 $
Variation pay equity		1 438 690 $
Revenue carried over	13 106 $	19 173 $
Others components of debts	61 448 $	59 309 $
	1 874 427 $	**3 469 804 $**
BALANCE OF FUND	**315 823 $**	**91 680 $**
TOTAL DEBTS/BALANCE OF FUND	**2 190 250 $**	**3 561 484 $**

Financial Report

General Fund

Statement of revenues & expenses
for the period ending March 31 2011

REVENUES	2010	2011
MSSS/Agence	6 895 128 $	8 065 376 $
Recoveries of Rent	135 403 $	144 723 $
Miscellaneous	50 283 $	143 495 $
TOTAL OF REVENUES	**7 080 814 $**	**8 353 594 $**
EXPENSES		
Salaries	3 422 745 $	3 567 360 $
Fringe Benefits	1 089 087 $	1 044 170 $
Social Charges	841 067 $	958 473 $
Variation pay equity		1 438 690 $
	5 352 899 $	**7 008 693 $**
Rent	135 403 $	144 723 $
Direct Allowances	176 369 $	179 069 $
Service Contracts	424 576 $	491 620 $
Medical supplies	69 186 $	91 736 $
Maintenance and repairs	74 629 $	45 055 $
Supplies & others fees	682 157 $	616 841 $
TOTAL OF EXPENSES	**6 915 219 $**	**8 577 737 $**
SURPLUS	**165 595 $**	**224 143 $-**

Financial Report

2009-2010 %	Hours	$		Expense classification	2010 - 2011 Hours	$	%
				Revenues			
		7 030 531 $		Ministry of Health & Social Services		8 210 099 $	
		50 283 $		Miscellaneous		143 495 $	
		7 080 814 $		**Total of revenues**		**8 353 594 $**	
				Expenses			
9,4%	19 506	648 209 $	***5910***	Psycho-social serv.for YD and their family	20 870	622 320 $	7,3%
0,4%	989	29 632 $	***5930***	Ambulatory front line mental health services	3 072	107 672 $	1,3%
4,6%	9 455	320 593 $	***5940***	Support for people with severe mental health problems	9 554	364 174 $	4,2%
1,1%	1 756	76 341 $	***6000***	Health care administration	2 086	102 116 $	1,2%
9,3%	19 157	645 443 $	***6170***	Home Care Services - Nursing	18 100	722 003 $	8,4%
6,5%	13 401	447 726 $	***6300***	Regular Health Services	15 887	494 178 $	5,8%
4,0%	5 402	273 853 $	***6510***	Early Childhood health services	5 896	273 285 $	3,2%
6,6%	19 326	457 664 $	***6530***	Home Care Services - Auxiliaries	19 945	494 330 $	5,8%
1,0%	2 249	66 848 $	***6540***	Preventive Dental Services	2 068	63 900 $	0,7%
6,1%	14 333	421 610 $	***6560***	Psycho-social services	15 201	448 658 $	5,2%
3,2%	1 929	218 339 $	***6580***	Public health - Prevention and protection	1 322	158 938 $	1,9%
1,2%	2 734	79 639 $	***6590***	Services in Schools	3 245	107 487 $	1,3%
1,5%		104 849 $	***7080***	Support to families with physicaly challenged members		106 373 $	1,2%
0,8%	1 711	56 614 $	***7110***	Nutrition	2 122	69 841 $	0,8%
2,3%	3 826	160 199 $	***7120***	Community actions	4 456	201 055 $	2,3%
5,9%	10 802	408 486 $	***7150***	Programs management	11 333	456 528 $	5,3%
1,1%	2 070	78 566 $	***7160***	Occupational therapy and physiotherapy	2 227	92 067 $	1,1%
17,7%	22 395	1 225 388 $	***7300***	General administration	20 670	1 080 816 $	12,6%
1,5%		103 218 $	***7340***	Data processing		138 896 $	1,6%
1,2%	2 518	79 537 $	***7400***	Transportation	2 253	80 331 $	0,9%
7,6%	23 732	527 164 $	***7530***	Réception - archives - telecommunications	24 899	547 174 $	6,4%
2,9%	8 468	200 470 $	***7640***	Maintenance	6 195	140 928 $	1,6%
0,0%		1 007 $	***7650***	Bio-medical waste management		1 423 $	0,0%
3,0%		209 195 $	***7700***	Installations-operation		219 499 $	2,6%
1,1%		74 629 $	***7800***	Maintenance and repairs of installation		45 055 $	0,5%
0,0%				Variation pay equity		1 438 690 $	16,8%
100,0%	**185 759**	**6 915 219 $**		**Total of expenses**	**191 401**	**8 577 737 $**	**100,0%**
		165 595 $		**Results = Surplus**		**224 143 $-**	
	2009-10				**2010 - 11**		
	135 918	3 422 745 $		Salaries	133 667	3 567 360 $	
	49 841	1 089 087 $		Fringe Benefits	57 707	1 044 170 $	
		841 067 $		Social Charges		958 473 $	
		69 186 $		Medical Supplies		91 736 $	
		1 493 134 $		Other fees		1 477 308 $	
				Variation pay equity		1 438 690 $	
	185 759	**6 915 219 $**		**Total of expenses**	191 374	**8 577 737 $**	
				General Fund			
		315 823 $		Balance of fund		91 680 $	

Financial Report

Social Fund

Balance sheet as of March 31 2011

ASSETS	2010	2010
Cash	19 293 $	8 797 $
Term Deposit	67 629 $	77 899 $
Accrued interest receivable	145 $	
TOTAL OF ASSETS	**87 067 $**	**86 696 $**
DEBTS		
Owed to General Fund	13 $	65 $
BALANCE OF FUND	**87 054 $**	86 631 $
TOTAL DEBTS AND BALANCE OF FUND	**87 067 $**	**86 696 $**

Social Fund

Statement of revenues & expenses
for the period ending March 31 2011

REVENUES	2010	2011
Interest	1 013 $	125 $
Debt collection(Beneficiaries)	398 $	328 $
TOTAL OF REVENUES	**1 411 $**	**453 $**
EXPENSES		
Support of beneficiaries	555 $	876 $
TOTAL OF EXPENSES	**555 $**	**876 $**
SURPLUS	**856**	**(423)**

Statistical Report

Analysis of the statistical report for 2010-2011

This analysis is new this year. To comply with the Ministère de la Santé et des Services Sociaux's requirements, the auditors must issue a report on the reliability of our statistical data. That is why the data presented this year are different from previous years.

Here are the highlights of the Clinic's statistical data for 2010-2011:

Although the number of home care service users declined slightly, the number of interventions grew by 80% due to these users' more serious health problems, which required more intensive nursing care and home help in particular.

Because of the decrease in the provision of walk-in medical services, nursing care interventions delivered in regular services declined by 8%.

Psychosocial services:

- Young people with difficulties: 7% increase in users and 10% increase in interventions;
- First-line mental health: 3% decrease in users and 6% increase in interventions;
- Variable intervention in the community: 3% decrease in users and 24% increase in interventions;
- Psychosocial at home: 9% decrease in interventions;
- Psychosocial other than home care: 15% increase in users and 15% in interventions.

Care delivered in parent and infant health declined by 34% following a staff shortage during the year.

Users of the school health program decreased by 50% due to the fact that the Clinic changed the way it compiles its statistics. Day-to-day requests and some interventions in class are no longer computed, although they are still met and delivered. Now, the term “users” refers here only to individuals who are followed regularly.

Despite an 11% decrease in the number of users, the number of interventions in the nutrition service increased slightly.

The number of users receiving occupational therapy at home increased by 25% and by 18% for physiotherapy.

To comply with the new requirements, the following pages contain the statistical report by services provided, not by team as presented in previous years. Definitions of these services are included.

STATISTICAL SUMMARY OF USER SERVICES

Description*	Financial year 2009-2010		Financial year 2010-2011		Variation	
	Users	Interventions	Users	Interventions	Users	Interventions
Psychosocial services for youth with problems and their families	**310**	1 679	**330**	1 844	6.5%	9.8%
First-line mental health ambulatory services	**219**	1 678	**213**	1 779	-2.7%	6.0%
Variable degree of follow-up in the community	**59**	132	**57**	164	-3.4%	24.2%
Regular nursing care at home	**425**	5 621	**410**	7 951	-3.5%	41.5%
Regular healthcare services	2 409	**6 918**	2 070	6 335	-14.1%	-8.4%
Parent and infant health	**705**	1 879	549	1 237	-22.1%	-34.2%
Home help	**83**	5 349	**78**	7 610	-6.0%	42.3%
Preventive dental services	**309**	366	**308**	343	-0.3%	-6.3%
Psychosocial services at home	**167**	1 675	167	1 525	0.0%	-9.0%
Psychosocial services other than at home	**209**	1 089	**241**	1 251	15.3%	14.9%
Public health, prevention and protection	**908**	931	**872**	893	-4.0%	-4.1%
School health program	**59**	79	**29**	55	-50.8%	-30.4%
Nutrition	**132**	450	**117**	464	-11.4%	3.1%
Occupational therapy at home	**114**	174	**143**	285	25.4%	63.8%
Physiotherapy at home	**48**	151	**56**	146	16.7%	-3.3%
Assistance for families of a person with a PD	**15**		**15**		0.0%	
Assistance for families of a person with an ID	**17**		**18**		5.9%	
Assistance for families of a person with a PDD	**26**		**27**		3.8%	
Transportation of users		7 249		6 526		-10.0%
Total		**35 420**		**38 408**		

* See more detailed descriptions on the following page.

Statistical Report

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.

Regular healthcare services
This service includes medical assistance and care required by people using the regular healthcare services (Intake team).

Parent and infant health
This service is designed to facilitate a normal pregnancy, which contributes to reducing perinatal accidents and ensuring optimal development from 0 to 5 years.

Home help
These are personal care services and help with household chores in the user's home.

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

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 comprise 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.

Statistical Report

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)

Proposed annual priorities for 2011-2012

The annual priorities presented here represent new work we will tackle for 2011-2012. They don't include existing dossiers that will be continued whether or not they are mentioned below. The Clinic's participation in the Planning Committee and the People's Urban Planning Project (OPA), and the issue of food security are examples. Another example is the health promotion and disease prevention activities included in the Clinic's 2010-2015 local Public Health Action Plan. We should add that the Clinic is required to obtain certification with the Conseil québécois d'Agrément by February 2012. The aim of the mandatory certification is to improve service quality, and no doubt our employees will mobilize to bring it about. Now we turn to the annual priorities proposed by the Clinic's citizen Board of Directors.

1. Consolidate and further develop citizen participation

1.1 Set up a computerized membership list management system.
1.2 The Citizens Relations Committee (CRC) should carry out activities to expand citizen participation in the CRC and the Clinic.
1.3 Carry out the Committee for a Green Clinic's 2011-2012 workplan to improve the Clinic's environmental practices.
1.4 Carry out the Fight for Health Committee's workplan regarding illegal and abusive billing in the healthcare system.

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.
2.2 Working with community groups, organize prevention activities regarding bedbug infestations.

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

3.1 Adopt a strategic planning process for 2012-2015 through consultation involving Clinic members, the Board of Directors and staff.
3.2 Do what is necessary to re-establish walk-in medical services.
3.3 Support the group Naître à la Pointe in their efforts to establish a birthing centre in Pointe-Saint-Charles.
3.4 Develop screening for blood-borne and sexually-transmitted infections, especially for people over the age of 25.
3.5 Increase participation by women aged 50 and older in Québec's breast cancer screening program.
3.6 Using the Clinic's resources, improve access to social and nursing services for people aged 65 and older who are mobile.

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.
4.2 Adopt a master plan for work force planning and development.

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

5.1 Take measures to avoid employing temporary workers from agencies.
5.2 Adopt a policy on and organize activities to acknowledge the Clinic's staff.
5.3 Systematize the training program for newly-hired staff and continue training about the uniqueness of the Clinic and the neighbourhood.

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

6.1 Adopt a master plan for computer upgrading.
6.2 Undertake the work to redesign the reception room at the Ash Avenue service point to improve confidentiality, service and safety.

Organizational Chart of the Clinic