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Chairman's Report 2009-10

When the Cree Board of Health and Social Services of James Bay, the Grand Council of the Crees and the government of Quebec signed the Health Agreement in 2005, the implementation of this Agreement was intended to be over a period of 5 years. The Agreement would have covered the years 2004/05 to 2008/09. However, due to many circumstances, it has not been possible to fully put in place the operational and capital projects that were intended for that period.

The Cree Health Board along with the Grand Council of the Crees (EI) and the government of Quebec were obliged to extend this Agreement for an additional two years to 2009/10. This will allow for funding to have been spent according to the personnel and capital plans that have been adopted using the Strategic Regional Plan as a guide that was created for this purpose.

The community of Wemindji has now been using its new Miyupimaatisiiun Centre for the past year and Mistissini is going into the second year of construction for its new Centre to be completed in the winter of 2011. The communities of Nemaska and Eastmain will start the construction of their new Centres this summer and Waskaganish and Waswanipi will start the expansion of their Centres also this summer. Chisasibi, Ouje-Bougoumou and Whapmagoostui are in the planning stages of the facilities to be realized there. In the case of Whapmagoostui, collaboration is required with the Inuit Health organization since the present Centre there is shared between the Cree and the Inuit to realize this project.

The capital improvement of the health facilities is a major aspect of improving services to the Cree population, however, an improved concept of service delivery is equally, if not more important, that is in the stage of being implemented. This concept can be more easily practiced if the Community Miyupimaatisiiun Centres are suitable in terms of more adequate space and up to date equipment. The Board of Directors of the Cree Health Board has approved an organization plan that has created a department that will be dedicated in the promotion and practice of Cree traditional methods in dealing with health issues. This will allow the people to make choices in certain service areas and that Cree traditional healing methods will take its rightful place within the Cree Health Board organization.

The Cree Health Board, through the Chairmanship, is continuing to be involved in the work of the Cree Nation Governance Working Group, which is working to develop a consultation process that is intended for the Cree Nation to express its option for a Cree governance model before it is brought to the Federal government to finalize an agreement in the adoption of such model.

The Cree Health Board is also continuing to work with the Grand Council of the Crees (EI) in the efforts to have Customary Adoption practices recognized in Quebec legislation. This effort is done in collaboration with other First Nations and the Inuit in Quebec. A brief was prepared by the GCC(EI) in collaboration with the Cree Health Board and sent to the Commission of Institutions to have this issue acknowledged by the government of Quebec before any further changes are made to the Quebec Civil Code that relate to adoption. The Working Group on

Customary Adoption continues to explore the issue of customary adoption and intends to make its recommendations to the Quebec government once all the information has been compiled in a report.

Social issues are major components that contribute to the health status of the Cree population. The work of assessing the overall social situation as practiced by various entities with a social mandate is at the stage of implementation. This work will be in the form of a consult which will be inclusive of all entities with a social mandate and any individuals that work in counselling/healing activities. The formation of a Cree Social Policy Task Force to guide this work has been successfully completed and that this was formally recognized and promoted at a previous Annual General Assembly. The Special General Assembly on Health and Social Issues held in October 2009 gave further promotion to this important project. The intent is to identify a system of dealing with social issues that is rooted in the Cree culture and that all entities and individuals with a social mandate can relate and collaborate with each other with a system adopted by the Cree Nation.

As many of us were made aware, the H1N1 flu pandemic was a major issue that the Cree Nation had to respond to in addition to all other daily health, social and public health activities. The staff of the Cree Health Board responded to this challenge in a way to make the Cree Nation proud. In collaboration with the Grand Council leadership, the Coordination Office of the Cree Health Board, the administration, the public health, the medical staff and other support staff were able to manage an H1N1 vaccination campaign that we can all be proud of. H1N1 was a worldwide pandemic and Quebec was recognized as the place that had the most successful campaign and that in Quebec, we learned recently that the Cree Nation had the highest rate in this vaccination campaign. In effect, the Cree Nation ran the most successful campaign in the world. I congratulate all the Cree Health Staff for such an achievement and I commend the Cree leadership in collaborating with us to have made this campaign a success.

The Cree Health Board is involved, as with last year, the efforts to improve information technologies in the form of the implementation of fibre optics in the Cree communities. The Cree Health Board is a major stakeholder in this development as this will allow Tele-health services, in addition to regular applications, to be feasible with the bandwidth that is necessary to carry the information to specialist sites. Again, we are in collaboration with the Cree Regional Authority and other entities in this project and that practical works are now being carried out to make this a reality.

My office and the offices of other pertinent departments and more specifically, Youth services, work with the Cree Regional Authority in identifying a justice system that is based on true rehabilitation of persons that have broken laws and this system to use Cree values and sense of justice. We are helping to make this system to be based on healing as opposed to punishment.

A Special General Assembly on Health and Social Issues was held last fall that gave information to the delegates on the work of the Cree Health Board and we received much valuable feedback and direction on future activities. Feedback has been given to the Grand Council and the Chiefs

and Councils on the decisions made at this Assembly and much work is anticipated to realize the objectives of these decisions. This work will count on the collaboration between the Cree Health Board, the Grand Council and the Cree Chiefs and Councils.

This has been an eventful year in terms of ongoing work and new initiatives and despite inevitable setbacks, the organization is moving forward in terms of newer technologies and expertise and rediscovering the need to use our Cree cultural strengths to answer to the ever-growing challenges of dealing with health, social and public health matters.

On behalf of the Cree Health Board organization, I thank the decision-making of the Board of Directors, the work of the Administration in its recommendations and follow-up work and the work and efforts of the day to day service providers that enables the many issues to be answered.

James Bobbish
Chairman

Public Establishments and the Board of Directors

Legislative Background

The James Bay and Northern Quebec Agreement signed on November 11, 1975, between the Governments of Canada and Quebec and the Grand Council of the Crees (Eeyou Istchee), anticipated the creation of a Cree Regional Board that would be responsible for the administration of health and social services for all people, either permanently or temporarily residing in Region 18.

The Order in Council 12-13-78, dated April 20, 1978, materialized this section of the Agreement by creating the Cree Board of Health and Social Services of James Bay.

The Cree Regional Board, in addition to its prescribed powers, duties and functions, respecting health and social services, as defined by the Act, can maintain public establishments in one or more of the following categories:

- Community Miyupimaatisiiun Centres
- Hospital Centre
- Social Services Centre
- Reception Centre
- Multi-Service Day Centres

The Cree Board of Health and Social Services of James Bay presently administer seven public establishments and Community Clinics in each Cree community of Region 18:

REGIONAL ESTABLISHMENTS

Regional Hospital Centre
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

Cree Social Services Centre
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

Weesapou Group Home
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2681

Upaahchikush Group Home
Mistissini
Baie du Poste (Quebec)
G0W 1C0
Tel.:(418)923-2260

Youth Healing Services
139 Mistissini Blvd.
Mistissini, Baie du Poste (Quebec)
G0W 1C0
Tel.: (418) 923-3600

COMMUNITY MIYUPIMAATISIIUN CENTRES

Whapmagoostui CMC
Hudson Bay (Quebec)
J0Y 3C0
Tel.: (819) 929-3307

Waswanipi CMC
Waswanipi(Quebec)
J0Y 3C0
Tel.: (819) 753-2511

Wemindji CMC
James Bay (Quebec)
J0M 1L0
Tel.: (819) 978-0225

Nemaska CMC
Poste Nemiscau, Champion Lake
J0Y 3B0
Tel.: (819) 673-2511

Waskaganish CMC
James Bay (Quebec)
J0M 1R0
Tel.: (819) 895-8833

Ouje-Bougoumou Healing Centre
68 Opatica Street P.O. Box 37
Ouje-Bougoumou
G0W 1C0
Tel.: (418) 745-3901

Eastmain CMC
Eastmain
James Bay (Quebec)
J0M 1W0
Tel.: (819) 977-0241

Mistissini CMC
Mistissini Lake
G0W 1C0
Tel: (418) 923-2332

Cree Board of Health and Services of James Bay

Members of the Board of Directors
From April 1st, 2009 to March 31st, 2010

The Board of Directors consists of the following members:

One Cree representative for each of the distinct Cree communities of the region usually served by the Board is elected for three years from among and by the members of the community that she or he represents:

Denise Brown — Vice-Chairperson
Eastmain representative

Lawrence House*
Chisasibi representative

Maria Kawapit*
Whapmagoostui representative

Angus Georgekish*
Wemindji representative

Susan Esau
Waskaganish representative

Linda Shecapio
Mistissini representative

Lily Sutherland
Waswanipi representative

Daisy Shecapio
Ouje-Bougoumou representative

Thomas Jolly
Nemaska Representative

Edna Kitchen Kistabish
Observer for Washaw-Sibi

* Violet Bates, interim community representative for Chisasibi was replaced by Lawrence House in December 2009. Joseph Georgekish as the community representative for Wemindji was replaced by Angus Georgekish in September 2009 and George Masty as the community representative for Whapmagoostui was replaced by Maria Kawapit in December 2009.

Following the legislative amendments regarding the composition of the Board of Directors and as a result of the general elections that took place for the office of the chairperson of the CBHSSJB, the elected chair also becomes the CRA Representative for a four (4) year term;

James Bobbish — Chairman
CRA Representative

One representative elected for three years among and by the members of the Clinical Staff of any establishment of the said Region:

François Lavoie
Clinical Staff Council of Physicians, Dentists and Pharmacists

One representative elected for three years among and by the members of the Non-Clinical Staff of any establishment of the said Region:

Vacant
Non-clinical staff

The Executive Director of the establishment and, if there is more than one such establishment in the said Region, a person chosen from among and by the Executive Directors:

Mabel Herodier
Executive Director

There have been four (4) regular meetings, four (4) special meetings of the Board of Directors during the period covered by the present report.

Cree Board of Health and Social Services of James Bay

Members of the Administrative Committee

As of March 31, 2010

James Bobbish	CRA representative and Chairman
Mabel Herodier	Executive Director
François Lavoie	Clinical Staff
Denise Brown	Eastmain Representative and Vice-chair
Linda Shecapio	Mistissini Community Representative
Daisy Shecapio	Ouje-Bougoumou Community Representative

There has been three (3) regular meetings of the Administrative Committee during this period covered by the annual activity report.

Members of the Audit Committee

As of March 31, 2010

Denise Brown	Eastmain Community Representative
Susan Esau	Waskaganish Community Representative
Linda Shecapio	Mistissini Community Representative

The Audit Committee met twice during the period covered by the annual activity report.

Managerial Personnel

Including Advisors

GENERAL MANAGEMENT

Mabel Herodier	Executive Director
Linda Corston	Head of EDO Administrative Unit
Richard St Jean	Assistant to ED - Corporate Planning, Evaluation & Development
Vacant	Advisor to Executive Director - Special Projects
Annie Bobbish	Advisor - Cree Succession Planning
Peter Atkinson	Advisor - Human Resources
Helen Atkinson (leave)	Advisor - Special Projects (NIHB)

- Caroline Mark (replacement)

OFFICE OF THE CHAIRMAN

James Bobbish	Chairman
Camille Rhéaume (interim)	Commissioner of Complaints & Quality Services

CORPORATE SERVICES

Laura Moses	Director of Corporate Services
Vacant	Coordinator of Communications

PIMUHTEHEU

Paula Rickard	Assistant Executive Director - Pimuhteheu
Rachel J. Martin (Interim)	Head of Pimuhteheu Administrative Unit
Dr. Richard Lessard	Director of Public Health
Bella M. Petawabano	Assistant Director of Public Health - Awash Miyupimaatisiiun
Solomon Awashish(Interim)	Assistant Director of Public Health - Uschiniichisuu Miyupimaatisiiun
Paul Linton	Assistant Director of Public Health - Chishaayiyuu Miyupimaatisiiun
Jill Torrie	Assistant Director of Public Health - Specialized Services
Louise Carrier	Coordinator of Current & Ambulatory Programming
Karen Napash	Coordinator of Awamiiniwachunanouch Programming (Mental Health)
Jason Coonishish	Coordinator of Pre-Hospital & Emergency Measures Programming
Laura Bearskin	Director of Psycho-Social Professional Services & Quality Assurance
Hélène Nadeau	Director of Nursing Professional Services & Quality Assurance
Vacant	Director of Allied Health Professional Services & Quality Assurance

ADMINISTRATIVE SERVICES

Clarence Snowboy	Assistant Executive Director - Administration
Nancy Bobbish (leave)	Director of Human Resources

- Yolande Buisson (replacement)

Anne Marie Leblanc	Coordinator of Staffing
Gertie Shem	Coordinator of Employee & Labour Relations
Vacant	Coordinator of HR Development
Nora Bobbish (leave)	Coordinator - NIHB

- Betsy Benjamin (replacement)

Martin Meilleur	Director of Financial Resources

Alexander Burns	Assistant Director Financial Resources
Gordon Matthew	Coordinator of Purchasing
Patrick Cote	Director of Information Resources
Bilal Sirhan	Coordinator of Computer Services
Jacques Martin	Director of Material Resources
André Fortin (Interim)	Coordinator of Facilities Unit
Richard Hamel	Senior Advisor-Establishments

AED MIYUPIMAATISIIUN

Lisa Petagumskum	Assistant Executive Director - Miyupimaatisiiun
Gloria Ann Cozier	Assistant to AED - Regional Services & Program Liaison
Janie Moar	Assistant to AED - Operations
Evike Goudreault	Head of Special Needs Program
Bessie House (Interim)	Head of Miyupimaatisiiun Administrative Unit

Cree Patient Services

Caroline Rosa (leave)	Director of Cree Patient Services
- Annie Trapper (replacement)	
Jasmine St-Cyr	Head – Val d'Or CPS Centre
Josée Audet	Head – Montreal & Chibougamau CPS Centre

Chisasibi Hospital

Daniel St-Amour	Director of Hospital Services
Natalie Ouellette	Coordinator of Ambulatory Unit
Marie Claude Lameboy	Coordinator of Medicine Unit (Hospital Services)
Gary Chewanish	Coordinator of Auxiliary Unit

Youth Healing Services

Gordon Hudson	Director of Youth Healing Services
Maria Macleod	Coordinator of Resources (YHS)

Youth Protection

Robert Auclair	Director of Youth Protection
Mary Bearskin	Assistant Director of Youth Protection

DSP Medical

Michel Plouffe	Administrative Director of Professional Services Medical
Dr. Guy Buisson	Director of Professional Services-Medical, Regional and University Affairs

Mistissini

Annie Trapper	Director - Mistissini Miyupimaatisiiun Centre
Paul Iserhoff	Coordinator of Administrative Unit (also replacing Annie Trapper)
Louella Meilleur	Coordinator of Awash Miyupimaatisiiun
Taria Coon	Coordinator of Uschiniichisuu Miyupimaatisiiun
Agathe Moar	Coordinator of Chishaayiyuu Miyupimaatisiiun
Nyles Martin	Coordinator of Current Services

Waswanipi

Alan Moar	Director - Waswanipi Miyupimaatisiiun Centre
Marco Bisaillon	Coordinator of Administrative Unit
Marlene Etapp Dixon	Coordinator of Awash & Uschiniichisuu Miyupimaatisiiun
Luc Lamarche	Coordinator of Chishaayiyuu Miyupimaatisiiun & Current Services

Ouje Bougoumou

Susan Mark	Director - Ouje-Bougoumou Miyupimaatisiiun Centre
Aline Blacksmith	Coordinator of Administrative Unit
Janie Wapachee	Coordinator of Awash & Uschiniichisuu Miyupimaatisiiun
Pierre Lariviere	Coordinator of Chishaayiyuu Miyupimaatisiiun & Current Services

Nemaska

Beatrice Trapper	Director - Nemaska Miyupimaatisiiun Centre
Vacant	Coordinator of Administrative Unit
Kathleen Neeposh	Coordinator of Awash & Uschiniichisuu Miyupimaatisiiun
Aissatou Bah	Coordinator of Chishaayiyuu Miyupimaatisiiun & Current Services

Waskaganish

Bert Blackned	Director - Waskaganish Miyupimaatisiiun Centre
Louis Rene Kanatewat	Coordinator of Administrative Unit
Bertha Dixon	Coordinator of Awash & Uschiniichisuu Miyupimaatisiiun
Sarah Cowboy	Coordinator of Chishaayiyuu Miyupimaatisiiun & Current Services

Eastmain

Rita Gilpin	Director - Eastmain Miyupimaatisiiun Centre
Vacant	Coordinator of Administrative Unit
Leslie Tomatuk	Coordinator of Awash & Uschiniichisuu Miyupimaatisiiun
Priscilla Weapenicappo	Coordinator of Chishaayiyuu Miyupimaatisiiun & Current Services

Wemindji

Josephine Sheshamush (Interim)	Director - Wemindji Miyupimaatisiiun Centre
Mary Shashaweskum	Coordinator of Administrative Unit
Josephine Sheshamush	Coordinator of Awash & Uschiniichisuu Miyupimaatisiiun
Shirley Blackned	Coordinator of Chishaayiyuu Miyupimaatisiiun & Current Services

Chisasibi

Jules Quachequan	Director - Wemindji Miyupimaatisiiun Centre
Yionna Wesley	Coordinator of Administrative Unit
Jeannie Pelletier	Coordinator of Awash Miyupimaatisiiun
Jane Cromarty	Coordinator of Uschiniichisuu & Family Preservation Miyupimaatisiiun
Adelina Feo	Coordinator of Chishaayiyuu Miyupimaatisiiun

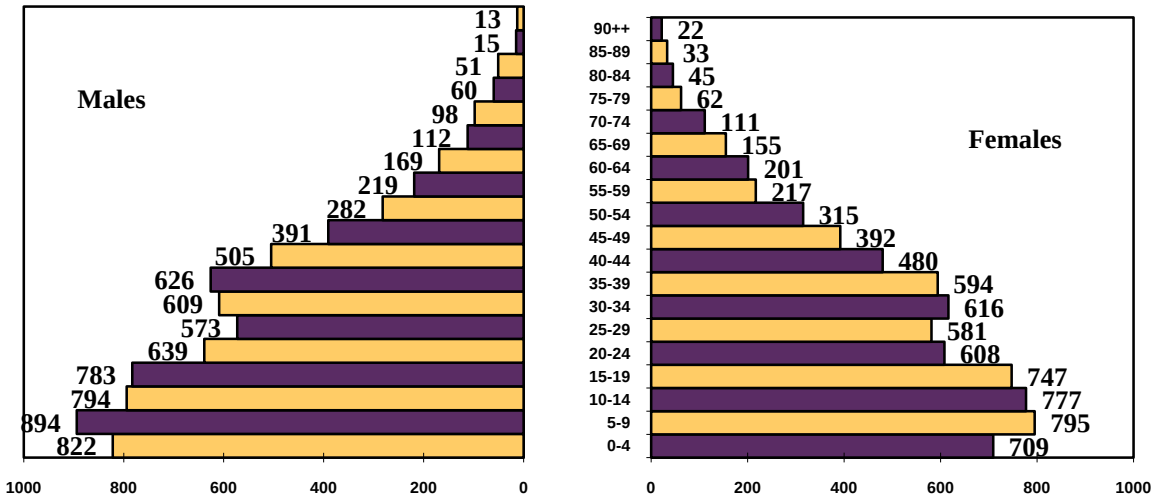
Whapmagoostui

John George	Director - Whapmagoostui Miyupimaatisiiun Centre
Vacant	Coordinator of Administrative Unit
Vacant	Coordinator of Awash & Uschiniichisuu Miyupimaatisiiun
Ivan McComb	Coordinator of Chishaayiyuu Miyupimaatisiiun & Current Services

Organizational Chart

Cree Population Statistics

Cree Population: Resident in the Region, July 2009						
	Male	%	Female	%	Total	% pop.
0-4	822	53.69%	709	46.31%	1531	10.13%
5-9	894	52.93%	795	47.07%	1689	11.17%
10-14	794	50.54%	777	49.46%	1571	10.39%
15-19	783	51.18%	747	48.82%	1530	10.12%
20-24	639	51.24%	608	48.76%	1247	8.25%
25-29	573	49.65%	581	50.35%	1154	7.63%
30-34	609	49.71%	616	50.29%	1225	8.10%
35-39	626	51.31%	594	48.69%	1220	8.07%
40-44	505	51.27%	480	48.73%	985	6.52%
45-49	391	49.94%	392	50.06%	783	5.18%
50-54	282	47.24%	315	52.76%	597	3.95%
55-59	219	50.23%	217	49.77%	436	2.88%
60-64	169	45.68%	201	54.32%	370	2.45%
65-69	112	41.95%	155	58.05%	267	1.77%
70-74	98	46.89%	111	53.11%	209	1.38%
75-79	60	49.18%	62	50.82%	122	0.81%
80-84	51	53.13%	45	46.88%	96	0.64%
85-89	15	31.25%	33	68.75%	48	0.32%
90++	13	37.14%	22	62.86%	35	0.23%
Total	**7655**	**50.65%**	**7460**	**49.35%**	**15115**	**100.00%**



Office of the Executive Director

2009-2010 is the first year of the two (2) year extension to the 2004 Health Agreement. We had a very good start to the new fiscal year. The work resulting from the various work sessions held with executive management allowed the appropriate distribution of the workload required to ensure we meet the maximum results expected for the objectives outlined within the three (3) year implementation plan; 2009-2011. Not even a month within the year, on April 27, 2009, the World Health Organization declared the outbreak of a phase four (4) influenza pandemic; A H1N1 and two (2) days later, the alert was increased to phase five (5). Phase six (6) was announced on June 11, 2009; the highest level of alert that can be issued by the World Health Organization.

The level of preparedness needed to address this situation required that all managers prioritize time and efforts to control and contain "risks" to the population. The duration of the time needed to address every possible aspect of the A H1N1 pandemic was totally "unknown". The workload of some of our managers was increased by at least 30% to 60% while some managers needed to devote 50% to 100% of their actual time to the A H1N1 operations over a period of nine (9) months.

Despite the increased workload and/or the reorientation of priorities for management during this fiscal year, the annual objectives within the three (3) implementation plan were addressed systematically and pragmatically by each responsible. For the first three quarters of the year, priorities were the A H1N1 operations, addressing potentially high risk situations, objectives that needed to be 'absolutely' addressed within the fiscal year and the mandates given by the Board of Directors. All other requirements and normal management activities needed to be postponed indefinitely until our reality changed to enable management to resume addressing typical or planned organizational needs and requirements.

Other responsibilities

The following are the other responsibilities that are still current from the report provided in the last fiscal year. Work is ongoing to meet the expected results of these responsibilities:

- Improving the current status of operations
- Reorganization and stabilizing operations
- Implementation of development funds

Note: There is a separate document available which contains the work in progress on the results expected for the year 2009-2010 on the responsibilities mentioned above.

Other mandates and obligations

- **Vaccination Campaign:** During the period of the campaign, our local teams were able to vaccinate 84% of the population residing in the nine (9) Cree communities. This was the highest average attained within the province. Many individuals holding different positions were involved to assist our nursing staff to make this a very effective campaign.

- **Improvements to the "organizational chart"**: An Assistant Executive Director position was approved by the Board of Directors for Nishiyuu Miyupimaatisiiun. The position was posted however it will be reposted a second time. Work continues as well to re-organize Non-Insured

Health Benefits operations.

- **Strategy to complete the capital projects plan**: The construction of the Mistissini CMC began on schedule and construction remains on schedule. All the preliminary requirements for the four (4) capital projects scheduled for the 2010-2011 fiscal year were completed. The MSSSQ provided the approval to hire the professionals for the construction of the new CMCs for Eastmain and Nemaska and the extensions to be constructed for the facilities in Waswanipi and Waskaganish in February 2010. Work started in September 2009 on the clinical plan and the pre-feasibility study for a new hospital facility and CMC for Chisasibi.

- **Secure contracts with the candidates for the positions of Director of Human Resources Services and the DSP Medical/DRAMU;** These were completed in January 2010.

- **Secure contracts for the Commissioner of Complaints and Quality of Services and the Advisor for NIHB;** An individual was secured to carry out the most essential requirements of the position of Commissioner of Complaints and Quality of Services. This individual was in place in November 2009. The same was accomplished for the position of Advisor for NIHB and she began her contract in November 2009.

- **Mandates given by/or results from the Regional Implementation Committee meetings;** the mandates provided by the RIC are integrated into the 3 year implementation plan; This Committee is to be dismantled in 2010-2011; All the responsibilities are now integrated into the job descriptions for the Executive Director; all the Assistant Executive Directors; and most of the senior management positions.

- **Mandates given by/or results from Steering Committee meetings;** Due to the many obligations to address the immediate requirements for the A H1N1 pandemic at all levels within the Health and Social Services network of the province, there were no official meetings held by the Steering Committee; There were many opportunities to plan and to address matters directly with the MSSSQ team which were follow-ups to requirements from previous meetings.

- **Orientation sessions for the members of the Board of Directors;** there were two (2) sessions held; one in November 2009 and the other in February 2010.

Notable events

- **Special Assembly**: the office of the Executive Director oversaw the requirements for this assembly which was held in Chisasibi the week of October 26, 2010.

- **Visit from the Minister of Social Services and the Minister of Aboriginal Affairs:** The Minister of Social Services, Mme. Lise Theriault and the Minister of Aboriginal Affairs, M. Pierre Corbeil visited Mistissini in September of 2009 to make the official announcement of the Mistissini CMC project.

- **Visit from the Minister of Health and the Minister of Aboriginal Affairs;** The Minister of Health, Dr. Yves Bolduc and the Minister of Aboriginal Affairs, M. Pierre Corbeil, visited the new CMC facility in Wemindji. The next stop was Chisasibi for the official signing of the extension to the Health Agreement 2004 and then to Nemaska for the official announcements

of the Community Miyupimaatisiiun construction projects for Nemaska, Eastmain, Waswanipi and Waskaganish. This visit took place February 3 and 4, 2010.

- **Official opening of the new Wemindji CMC**; this event took place in July 2009.

The encouraging results achieved by our teams in a year where events, foreseen and unforeseen, created so many diverse challenges is an indication that the CBHSSJB has a team with the capability and the dedication to work together to reach the most optimal results for the benefit of the population they serve even though we are still staffed only at 55 percent capacity.

Finally, we remain committed, as the Executive Committee, to maintain our budget parameters to enable the increase and improvement to the direct (1st line) services for our communities. We will all learn to appreciate and be thankful once this "feat" has been accomplished and all your new and extended Community Miyupimaatisiiun Centers are staffed to meet the current needs of your communities. The construction projects have been completed at 11% in this past year. An additional 11% will be completed for the fiscal year 2010-2011 and another 44% of this objective will be completed for 2011-2012. The organization could meet 78% to 89% of this one objective by December 2012. This will be a major accomplishment for all of us to look forward to within the next two (2) and half to three (3) years.

Mabel Herodier
Executive Director

Reports from the Executive Director's Advisory Team

Cree Succession Planning

Succession Planning is one of the essential elements to ensure the continuum of care and services for the population especially for our region. It is a new element for management to develop and to deliver and the potential needs are expanding as the organization increases its operations to meet new and growing needs of the population.

> *"Human asset is the most important asset in any organization. If we focus on this important asset then the physical and financial assets will fall into place."*

In 2007-2008, the Executive Committee created a position which would provide the leadership needed for the Cree Succession Planning program. As of 2008-2009, we need to devote more time and effort to reach a common vision and to establish comprehensive approaches for each type of potential situation. Only when we have completed these objectives will we be able to develop the tools necessary to provide appropriate direction to the management of the organization.

Overview of Activities for the Cree Succession Program

The *major priority* for the organization is to attract and retain key talent. Top management sometimes needs to develop its own succession methods so that it is able to meet the immediate requirements of the organization. Quality Succession Planning is for the long-term. The immediate impact of organizational restructuring is that personnel are required to adapt to 'change management' however it is understood that the added component to a functional succession program is the need to reorient personnel who are affected by corporate culture.

- Process of identifying key management positions to fill with the timeframe needed to complete the process;
- Process of identifying human resources to fill positions through recruitment and retention methods
- The creation of individual profiles for potential candidates;
- Assessment of the profiles for potential incumbents
- Maintenance of the profiles
- Develop a bank of potential candidates for various positions

Future Objectives

- Current competencies-performances will be assessed for present positions
- Potential to meet requirements and qualifications will be identified
- Development activities will be conducted with a view toward;
    1. Preparing individuals for advancement,
    2. Building the organization's bench strength meaning the organization's ability to fill vacancies from within with leadership talent
- Process of identifying short-term, middle and long term program priorities;

1. Formulating a mission statement to re-enforce the establishment of the succession program strategy
2. Securing and building the management's commitment for systematic succession planning and implementation
3. Developing policies and procedures to guide and improve succession program efforts
4. Develop the relationship between Strategic Planning and Human Resources Planning to achieve comprehensive Talent Development Plans

- Continuation of process to build skills inventories and management inventories
- The creation and the managing of constructive and productive relationships in the need for shared-resources and shared-responsibilities to achieve objectives for developing human resources

Senior managers must make sure that they meet the requirements and obligations of the organization first. In so doing, they must also take time and make time to allow for Succession Planning to work. Once it is in place then managers need to persist to allow for a systematic long-term approach to developing the talent needed for the organization to deliver its mission and meet its strategic objectives.

Senior Managers and employees alike must feel that they own this unique succession planning program. Succession Planning brings about a marriage of self-interests and organizational interests. We must bring all these characteristics into the plan to produce the most effective and efficient structure for the Succession Planning program.

Annie Bobbish
Advisor – Cree Succession Planning

Human Resources (HR) Advisor

The HR Advisor supports files and projects related to the Executive Director's responsibility, mainly the organization structure and management job descriptions.

The HR Advisor supported the process of revisions and modifications to the organization chart, which were approved by the Board of Directors in July, 2009. Key changes were the consolidation of corporate planning and development functions in Assistant to the Executive Director (AED) positions and the creation of an AED Nishiiyuu Miyupimaatisiiun (Traditional Healing) position. Work is on-going in the writing and revision of management job descriptions as a result of the revisions to the chart. Sixteen management job descriptions were revised or written.

The HR Advisor is an administrative support to the organization's planned Masters Degree in Public Administration Program. This program will be delivered by the Ecole nationale d'administration publique (ENAP). During the past year, the Advisor worked on the Offre de Service which is almost ready to be signed, pending resolution of a financing issue, and the writing of an Information Document for prospective Participants.

The HR Advisor also participated in other files and committees, for example, facilitating a Board training session on the SRP, the RIC Committee.

Peter Atkinson
Advisor – Human Resources

Commissioner of Complaints and Quality of Services

Overview

In October 2009, Anne Marie Awashish resigned as Service Quality and Complaints Commissioner, a position she held for more than two years. During her term she developed, in collaboration with Maitre Louis Letellier St-Just, a Code of Ethics. This is a new policy realigned with *Section 4.2 of the Act Respecting health services and social services* and which reflects the Vision Statement of the CBHSSJB and its expressed values.

In November 2009, I received orientation and training from Anne Marie and in December 2009, I was appointed Commissioner of Complaints and Quality of Services on an interim basis. As a result, modification was made to the job description to reflect a part-time assignment.

The present report on the complaints examination procedures of 2009-2010 is based mainly on archives from the previous Commissioner.

MANDATE OF COMMISSIONER

Reporting directly to the Board of Directors through the Chairman, the holder of this position ensures the role of a Regional and Local Commissioner of Complaints and Quality of Services for the scope of the organization's programs and services and associated administrative and management functions, and; including Youth Protection complaints and assistance of Cree Patient Service users in external resources. This is carried out through a collaborative relationship with the Medical Examiner and Youth Protection Commission.

The Commissioner achieves this through the following functions.

- ensuring the operational planning and implementation of the Complaints and Quality of Services program by: advertising the program and means to access it, receiving and investigating complaints; supporting and communicating with the complainants, and; developing reports and recommendations;
- ensuring the forwarding of complaints to the Medical Examiner for complaints in her jurisdiction;
- intervening on her own initiative regarding problematic situations of which she is made aware;
- Ensuring a follow-up to her recommendations.

The Commissioner ensures that the client receives answers to any questions he may have about his rights and the legal aspects of the complaint examination procedure. She is responsible for helping and accompanying the beneficiary throughout all stages of the complaint process. If necessary, she will also redirect or put him or her in contact with a person better able to meet his or her needs.

RECOGNITION OF USERS' RIGHTS

BECAUSE the users are at the heart of the CBHSSJB's mission, the respect of their private person is a value we endorse. Therefore, the CBHSSJB considers the recognition of the following rights to be essential.

As a user of services you have:

- ✓ the right to be respected and to have your dignity respected
- ✓ the right of recognition of your **autonomy** and the **respect of your personal needs**
- ✓ the right to be treated, at all times, with **courtesy, fairness and understanding**
- ✓ the right to the respect of your **integrity**
- ✓ the right to be informed of your state of health and of the various options open to you before giving your consent to care
- ✓ the right to accept or refuse care, on your own or through your spokesperson, freely and in an in- formed manner
- ✓ the right to your **privacy**
- ✓ the right to be treated with **equality**
- ✓ the right of your **freedom of conscience and religion**
- ✓ the right to your **freedom of thought, belief, opinion and expression**
- ✓ the right to **protection**
- ✓ the right to be informed as soon as possible of any accident that occurs during the provision of services
- ✓ the right to **quality and accessible services**
- ✓ the right to receive, with continuity and in a personalized and safe manner services that are appropriate
- ✓ the right to **information**
- ✓ the right to be informed of existing services and the way to obtain them
- ✓ the right to have access to your record, which is confidential
- ✓ the right to **participation**
- ✓ the right to participate in the decisions that concern you
- ✓ the right to **support and assistance**
- ✓ the right to be escorted or assisted by the person of your choice in getting information about services
- ✓ the right to file a complaint without the risk of reprisal
- ✓ the right to be informed of the complaint examination procedure
- ✓ the right to be escorted or assisted in the complaint examination procedure, if required
- ✓ the right to **representation**
- ✓ the right to be represented in regard to all your recognized rights if you

SUMMARY OF INTERVENTIONS FOR 2009-2010

The Commissioner of Complaints has intervened in the following capacity:

Complaints

Dissatisfaction expressed by a user or his or her representative in relation to services he or she has received, should have received or is receiving.

Complaints regarding a physician, a dentist, a pharmacist or a resident

Dissatisfaction expressed by a user or his or her representative in relation to the behaviour, attitude or competency of a physician , a dentist, a pharmacist or a resident including dissatisfaction regarding the quality of an act related to the professional activity of any of the above.

Assistance

Request formulated by a user or his or her representative who aims at obtaining access to a service, information or assistance in his or her communications with a staff member, or assistance in formulating a complaint with another authority

Intervention

Action undertaken by the commissioner following information communicated to her by a person or a group when the rights of a user or several users are at stake.

SUMMARY OF ACTIVITIES EXCLUDING COMPLAINTS
Table 1

SUMMARY OF ACTIVITIES EXCLUDING COMPLAINTS	
TYPE OF ACTIVITY	**NUMBER OF INTERVENTIONS**
Assistance	**6**
Intervention	**1**
Total	**7**

SUMMARY OF COMPLAINTS

In the management of complaints, the new Commissioner took over the outstanding complaints as of December 2009 and began handling new complaints as of this date. The present report compiles:

- The complaints managed by both commissioners during the past year
- The complaints managed by the medical examiner
- The summary of complementary activities

Table 2

SUMMARY OF COMPLAINTS 2009-2010				
Responsible for the treatment of complaints	**Complaints outstanding at the beginning of present period**	**Complaints received during present period**	**Complaints concluded during present period**	**Complaints outstanding at the end of present period**
Commissioner of complaints	**6**	**25**	**31**	**4**
Medical Examiner	**6**	**1**	**5**	**2**
TOTAL	**12**	**26**	**36**	**6**

SUMMARY OF NEW COMPLAINTS BY CATEGORY
Table 3

SUMMARY OF NEW COMPLAINTS BY CATEGORY 2009-2010		
AREA OF COMPLAINT	**NUMBER RESOLVED**	**NUMBER IN PROCESS**
Quality of services Health & Social	**16**	**4**
Organization of environment & policies	**2**	**0**
Professional Attitude	**4**	**1**
Access to service	**3**	**1**
Sexual Harassment	**1**	**0**
Total	**26**	**6**

DELAYS IN TREATMENT OF COMPLAINTS
Table 4

DELAYS IN TREATMENT OF COMPLAINTS	
DELAY PERIOD	**NUMBER OF COMPLAINTS**
1 to 10 days	**11**
11 to 30 days	**13**
31 to 45 days	**5**
45 to 60 days	**2**
61 and over	**15**

SUMMARY OF OUTSTANDING COMPLAINTS
Table 5

SUMMARY OF OUTSTANDING COMPLAINTS BY CATEGORY	
AREA OF COMPLAINT	**NUMBER RESOLVED**
Quality of services Health and Social	4
Access to service	1
Professional Attitude	1
Work performance	0
Total	**6**

COMPLEMENTARY ACTIVITIES OF THE COMMISSIONER

- Managing of complaints and producing of recommendations including corrective measures and quality improvement measures
- Producing Quarterly and Summery Reports
- Communication Plan provided to Chairman of the CBHSSJB- March 2010
- Participating to the regional table of Commissioners of Quebec
- Participating to meetings with the Quality of Services Dept of the MSSSQ
- Participating to meetings with the Ombudsman of Quebec Government
- Participating to meetings with the *Curatelle Publique* du Québec

PROMOTION OF THE COMPLAINT EXAMINATION PROCEDURES

The goal of the complaint examination program is to improve the quality of the health and social services provided. Complaints are seen as indicators that will help to review the practices and policies in order to improve the quality of the services provided by the employees of the CHBSSJB

Why should we promote the complaint examination procedures?

The CBHSSJB provides services to hundred of users every day. To maintain and improve service quality, we should invite any user who is not satisfied with services he received or ought to have received to file a complaint. This is the best way for users to not only protect their rights but also help correct the situation so that it does not happen again.

Promoting to the population and to the interveners ***the Code of Ethics, the Users' Rights and the Complaints Examination Procedures is than crucial to do in the years coming.*** *This could be done by:*

- Developing and implementing a communication plan,
- Providing information with various community and external parties according to the C&QS policyPublishing the Code of Ethics, the Users' Rights and the complaint procedure,
- Sending promotional tools to the territorial population,
- Disseminating Complaints and Quality of Services related information, including the point of contact for complainants,
- Attending Communities' Band Council meetings, as mandated, in order to promote, explain and answer questions about the C&QS program.

Conclusion

Nevertheless, the upcoming year will present the challenges of promoting the **Code of Ethics**, and the **Users' Rights** to the employees and to the community members. The implementation of the March 2010 Communication Plan will begin the process of developing a culture of quality within the organization.

The compliance to the time limit of 45 days prescribed in the Code of Ethics to conclude the complaints has not been resolved for 17 of 46 complaints. This situation should be resolved by the new proposed policy to extend the time limit to 60 days which the Board adopted in 2010. This extension will be much more realistic for our region as the current resolution process is complicated by the high staff turnover, the regular time off for "*sorties*" and the time the Commissioner spends traveling to meet with the clientele.

The promotion of the complaint examination procedures in each community will allow the clientele to meet with the Commissioner and to establish confidence and to gain more knowledge about the process.

Camille Rhéaume
Commissioner of Complaints and Quality of Services (Interim)

Report of the Medical Examiner

During this period I have reviewed and analyzed nine (9) complaints. Several of these complaints dates months or years back.. According to the applicable law a complaint concerning a physician, a dentist or a pharmacist must be referred without delay to a medical examiner who must examine the situation and inform the complainer of his motivated conclusions and submit recommendations if required within 45 days. This delay was not respected in most cases due to the lack of an appointed examiner prior to my nomination.

Of the nine (9) complaints, two (2) complaints concerned dentists and seven (7) concerned physicians. My work consisted to essentially clarify matters, listen to both parties, identify the conflicting issue and look for solutions if not recommendations; I had the collaboration of both complainer and professional health care workers. I want to mention that the Council of Physicians, Dentists and Pharmacists of the Chisasibi hospital have supported my work. I had the opportunity to participate by teleconference to one of their meetings in which I explained the role and function of the medical examiner. I believe that the Council which is in place to assure quality care within their territory of responsibility sees in the medical examiner an ally to meet this goal.

The complaints that I have examined have much to do with one theme: communication. In almost all cases the situations could have been averted if the two parties would have better exchanged on what was happening, why it was happening, what were the choices, what could be done? This is not unique to the James Bay region; it is the basis of complaints everywhere in Québec. It is, however, true that cultural aspects play a role and make exchanges between the Cree nation and the mostly immigrant health care professionals, often short term visitors, more difficult. It is very important that the health care providers be acutely sensitive to the realities and different ways of the people of James Bay. I believe that some of the complaints have been quite effective in moving both the health professionals and the patients to better understand each other.

I have appreciated my role as a medical examiner during this year and look forward to continue to collaborate with the Commissioner of complaints and quality of services of the Cree Board of Health & Social Services.

All my best,

François Charette, MD
Medical examiner, Cree Board of Health & Social Services of James Bay

Corporate Planning, Evaluation and Development Unit

There was a major change made for the unit in 2009-2010. In July 2009, the Board of Directors approved the recommendation to abolish the corporate planning, evaluation and development unit. Due to this decision, the personnel have been reassigned to other services and units where the competencies and qualifications are most needed. Many of the roles and responsibilities formerly required of this unit are already integrated in the job descriptions of executive management positions as well as some senior management positions of the organization. This decision was made to ensure that there is no overlap or duplication of roles and responsibilities and to continue to improve the efficiency of the functions of the organization. Having said this then there will be no more reports from this unit in the future.

Richard St-Jean
Assistant to Executive Director

Miyupimaatisiiun Group: Regional Programs and Services

Assistant Executive Director-Miyupimaatisiiun

MANDATE:

Our main mandate is to ensure the delivery of programs and services within region 18 through the following areas; Youth Healing Services, Youth Protection, Patient Services, Age Group Programs (Awash, Uschiniichisuu, Chishaayiyuu in the communities, and hospital services.

TEAM

The Miyupimaatisiiun Group is the largest within the Cree Board of Health and Social Services of James, and we continue to evolve and grow with the hiring of new managers. Our team has had numerous ups and downs in the past year but they have stayed true to the course of improving program and service delivery.

Miyupimaatisiiun Group

Regional Team:

Lisa Petagumskum	Assistant Executive Director-Miyupimaatisiiun
Janie Moar	Assistant to AED-Operations
Gloria Anne Cozier	Assistant to AED- Program Liaison

Demerise Coon	Head of Administrative Unit (Education Leave)
Bessie House	Administrative Technician
Madeline Iserhoff	Administrative Technician
Charlotte Kawapit	Administrative Technician
Judy Kanatewat	Executive Secretary

Senior Regional Management:

Robert Auclair	Director of Youth Protection-Interim
Caroline Rosa	Director of Cree Patient Services
Gordon Hudson	Director of Youth Healing Services
Daniel St-Amour	Director of Hospital
Dr. Guy Bisson	Director of Professional Services-Medical

Senior Local Management:

John George	Local Director Whapmagoostui
Jules Quachegan	Local Director Chisasibi
Josephine Sheshamush-Moar	Local Director Wemindji (Interim)

Rita Gilpin	Local Director Eastmain
Bert Blackned	Local Director Waskaganish
Beatrice Trapper	Local Director Nemaska
Annie Trapper	Local Director Mistissini
Susan Mark	Local Director Ouje-Bougoumou
Alan Moar	Local Director Waswanipi

Intermediate Management:

Abraham Bearksin, Interim-HCCP Coordination On loan to Nishiyuu Pimaatisiiun
Evike Goudreault, Special Needs Coordinator

Accomplishments:

Human Resource Development in all communities.

The Human Resources to be hired in each community has improved greatly in the past year. The number of positions on hold has steadily declined as the Job Descriptions are completed and approved.

Facilities:

The new Mistissini CMC began construction. Annie Trapper, the Local Director of Mistissini, is busy preparing for the new services and her long awaited dream of having most of her staff under one roof. Congratulations to Annie and her team for getting this off the ground.

The latter part of the fiscal year ended with a whirlwind process of finalizing the concepts of four CMC's in Waskaganish, Waswanipi, Eastmain and Nemaska. Two of these projects are expansions of existing buildings (Waskaganish, and Waswanipi) and the other two are new buildings (Eastmain and Nemaska). As quickly as they were announced, the transition plans had to be put in place, and while we were off to a slow start, everything is back on track.

Integrated Services:

We have hired twenty-two (27) intermediate managers out of the thirty (30), required locally. The hiring of these managers was the first priority in realizing Integrated Services in all the communities. The success rate of the implementation will be contingent on the leadership provided from these Local Intermediate Managers. As front-line managers, they will ensure the voice of the local employees and community members are considered in the next steps of implementation.

Multi-Service Day Centres:

The hiring of a Speech Language therapist is a great achievement for this program. The purchase of the long awaited Adapted Vehicles has contributed to an increase of participation.

Challenges:

Implementation of the Strategic Regional Plan

Housing and Office Space:

The delivery of programs and services at full capacity will continue to be delayed until the issue of additional office space is resolved in some communities. Plans have been developed to address this and the next step is to await the various levels of approval in various organizations.

The delay experienced in getting the approval for leases stem from the fact that they have to be sent to the Ministry for approval and at their approved rated for sq. footage. This process contributes to the delay in movement of some files.

Hiring Process:

This is both an accomplishment and a challenge this year. The stability of this department continues to play a great part in determining the outcome.

Rehabilitation Services:

The high turnover and the pace at which Rehabilitation professionals are replaced have a huge impact the provision of continuum of services.

Integrated Services:

The service planning of Integrated Services has not been done to date and so the only option is to take the leadership for the time-being and complete it with them. This is crucial for the intricacies of Multi-discipline and multi-sector service delivery. The policies, procedures and protocols have to be done through a project management approach.

Home and Community Care Program

Commitment and diligence to provide this program as it was envisioned is a challenge. Full implementation of this program in Eastmain did not materialize again this year.

Regional Miyupimaatisiiun Programs and Services:

Youth Healing Services

The adoption of the Risk Assessment tool is a great achievement in itself, because finally we can give the workers some of the tools they have been asking for years. Youth Healing Services continues to expand in the provision of services to the youth population who need their services, but also in areas of prevention. The annual Summer Camps in the various communities is an example of how much the delivery of programs and services has evolved in this department.

Youth Protection:

Robert Auclair was hired as the Director of Youth Protection. We greatly appreciate the renewed energy in this department. Robert and Gordon are working together to ensure the computerization of their clinical activities is realized as soon as possible. The Family Group Conferencing training was accepted by the board and training is underway in some communities.

Hospital Services

Daniel St-Amour was hired last summer as the Director of Hospital Services. We truly appreciate his dedication and leadership in this position. Through his leadership, we are making the improvements in the areas that needed leadership, and in areas where it is impossible to take on at the moment, the planning and organizing of these services are done at an accelerated pace.

Special Needs

Evike Goudrealt and Anny Lefebvre have completed a Needs Assessment Study and the next step is to compile it so it can be tabled for approval at the various levels within the organization and also to submit the recommendations based on this important study.

Patient Services:

The CPS team has proven that they can withstand any change and still continue to strive to provide the best care. I want to take extra care to thank them for being there and trying to make the best decisions for those who need their services. It is not easy to follow policies when you are pressed from all angles.

Conclusion:

I would like to thank those who continue to contribute to the provision of programs and services in all areas, in spite of limited resources. Your diligence is a great asset to the organization and your contribution is greatly appreciated. I would also like to thank the families who continue to wait for their loved ones while they stay up late at the office or away on travel. Your sacrifice of family time will be honoured by developing and implementing the best Care Plan for our Nation.

Lisa Petagumskum
AED-Miyupimaatisiiun

Miyupimaatisiiun Group: Regional Programs and Services

Chisasibi Regional Hospital Centre

The year 2009-2010 has been a year of great turnover for the management staff. There have been new incumbents in the positions of Director of the hospital, Coordinator of Hospital Services, Coordinator of Ambulatory Services, Coordinator of Auxiliary Services and the Assistant Head Nurse in Medicine/Clinic.

There were many activities to modernise the laboratory. The Microbiology, blood gaz, haematology equipments were replaced with more efficient and effective equipment. Omnilab laboratory management software was updated to the latest version. The Interlab project was initiated; once completed, it will enable the laboratory to retrieve all lab results outsourced to Chibougamou Hospital Centre. Recruitment remains problematic. As a result, there have been two permanent full time positions not filled. There has been an increase of 10.5 % in the number of tests performed in the laboratory from last fiscal year and 26.7 % since 2005.

In the Radiology department, steps were taken to replace a critical system. McKesson has been chosen as the PACS provider. The shortage of Radiologist in the province had an impact in Chisasibi. The inter-establishment agreement with Val d'Or was terminated. As a results, there are 2 000 films pending since May 2009. The department received a certificate of conformity during an audit by l'Ordre des technologistes en imageries médicales (OTIM). The OTIM last visit was in 1998.

In the Archives department, Medi-Patient Information System has been upgraded to enable the establishment to conform to the basics rules of IPM and its Master Index Patient (IPM). The position of the archivist has now been vacant since 2007.

In the Outpatient clinic, the number of visits has increased by 6.2 % since last year. The number of hospitalisation days has increased by 11% since last year and by 38.2 % since 2005-2006. In both medicine and the clinic department a total of 12 new permanent nurses were oriented and integrated to the nursing team. The paediatrics beds were all replaced in the medicine ward. Two rooms were converted back to their original mission, i.e., private room. These rooms are reserved mostly for palliative care and isolation. We have, therefore, increased the number of beds on the unit from 27 to 29 beds. An infection control and prevention program has been initiated.

There has been a significant decrease of 44% in the number of specialists' visit since 2005. This is as a result of having no more visiting specialist for the following specialty: orthopaedic, internal medicine, neurology, ophthalmology and gynaecology. The general surgeon has decreased its number of visits from 6 to 3 annually.

In the haemodialysis department, the ever increasing number of treatments went up by 13% last year and by 60% since 2005-2006. At the end of this fiscal year we have 18 patients compare to 14 last year. With the number of treatments going up year after year, there are now two nursing positions that

are provided from the mobile nurses' pool. The department is now working at its maximum capacity and without additional nursing resources no new patients can be added to the case load. .

ARCHIVES

NUMBER OF ADMISSIONS	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Medecine	**360**	**449**	**489**	**458**	**465**
Obstetrics	**7**	**17**	**8**	**7**	**7**
Pediatrics	**126**	**206**	**189**	**187**	**190**
Newborns	**1**	**4**	**1**	**2**	**1**
TOTAL	**494**	**679**	**688**	**654**	**663**
Chronic	**3**	**3**	**1**	**6**	**9**

Increase of 25.5% in the number of admissions since 2005

NUMBER OF HOSPITALIZATION DAYS	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Medecine	**1807**	**2162**	**2555**	**2747**	**3195**
Obstetrics	**9**	**23**	**32**	**23**	**8**
Pediatrics	**427**	**565**	**802**	**499**	**428**
TOTAL	**2243**	**2750**	**3389**	**3269**	**3631**
Newborns	**2**	**19**	**7**	**4**	**7**
Chronic	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

There is a 38.2% increase in the number of hospitalization days between 2005-2006 and 2009-2010

TOTAL NUMBER OF IN-PATIENTS PER DAY AND OCCUPATION BED RATE	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Medecine	**2117**	**2107**	**2341**	**2549**	**2914**
Obstetrics	**9**	**17**	**13**	**11**	**6**
Pediatrics	**407**	**551**	**738**	**552**	**404**
TOTAL	**2533**	**2675**	**3092**	**3112**	**3324**
Newborns	**2**	**17**	**7**	**4**	**7**
Chronic	**2753**	**3425**	**3646**	**3788**	**3737**
Bed Occ Rate	**53.6%**	**62%**	**68%**	**70%**	**67%**

The occupation bed rate was based on 27 beds available between 2005-2006. For 2009-2010,the bed occupational rate.

MEDECINE AND CLINIC

TRANSFERS TO ANOTHER HEALTH CENTRE					
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Medecine	47	47	48	41	46
Obstetrics	0	1	6	3	
Pediatrics	8	7	12	4	4
TOTAL	55	55	66	48	50

DEATHS					
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Medecine	10	5	5	5	8
Obstetrics	0	0	0	0	
Pediatrics	0	0	0	0	
Newborns	0	2	2	0	
Chronic	2	7	7	6	3
TOTAL	12	14	14	11	11

AVERAGE STAY					
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Medicine	5.43	4.74	5.6	6.28	6.8
Obstetrics	1.29	1.35	1.5	1.44	1
Paediatrics	3.21	2.77	4.5	2.74	2.2
Newborns	20	4.75	7	2	7
Chronic	N/A	N/A	N/A	N/A	N/A
Average Stay acute Care	4.7	4.0	5.2	5.15	5

DEPARTURE					
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Medicine	333	456	452	437	444
Obstetrics	7	17	21	16	13
Paediatrics	133	204	177	182	187
Newborns	1	4	1	2	1
Chronic	4	0	2	8	6
TOTAL	478	681	653	635	665

There has been an increase of 28.1 % in the number of departure between 2005-2006 and 2009-2010.

VISITS AT THE CLINIC				
2005-2006	**2006-2007**	**2007-2008**	**2008-2009**	**2009-2010**
18245	**17912**	**18513**	**19318**	**20511**

There has been an increase of 11% in the number of visits at the clinic between 2005-2006 and 2009-2010

SPECIALISTS' VISITS				
2005-2006	**2006-2007**	**2007-2008**	**2008-2009**	**2009-2010**
1632	**1439**	**1067**	**1305**	**920**

There has been a decrease of 44% in the number of specialists' visits between 2005--2006 and 2009-2010

OBSERVATION HOURS				
2005-2006	**2006-2007**	**2007-2008**	**2008-2009**	**2009-2010**
744.35	**701.66**	**1827.26**	**1888.13**	**3564.50**

There has been an increase OF 378% in the number of observation hours between 2005--2006 and 2009-2010

RADIOLOGY DEPARTMENT

TOTAL EXAMS					
	2005-2006	**2006-2007**	**2007-2008**	**2008-2009**	**2009-1010**
X-rays	**3,032**	**2,952**	**3,180**	**6147**	**Not available**
EKGs	**868**	**764**	**952**	**1924**	**1194**
Ultrasounds	**837**	**764**	**699**	**1487**	**847**
Technical units	**86,979**	**74,058**	**82,923**	**165,594**	**Not Available**

Not available since no Xo Rays were read by radiologist for 2009-2010.

TOTAL OF REFERRALS (FROM RADISSON-RECOVERY COST)					
	2005-2006	**2006-2007**	**2007-2008**	**2008-2009**	**2009-2010**
Whapmagoostui	**120**	**Included in total of clients above**	**Included in total of clients above**	**Included in total of clients above**	**Included in total of clients above**
Radisson	**86**	**66**	**44**	**137**	**Not Available**

LABORATORY DEPARTMENT

LAB TESTS					
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Tests done in Chisasibi	179,586	183,945	205,452	205,278	226,917
Tests done outside	70,651	66,091	69,034	80,666	76320
Unit cost	$1.78	From MSSQ	From MSSQ	From MSSQ	From MSSQ

There has been an increase of 26.7% in test done in Chisasibi between 2005--2006 and 2009-2010

Laboratory tests done for Radisson Health Centre – Recovery cost					
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Total of tests	3,838	3,413	3,363	2,629	2,281
Total money perceived	10,281.40$	9,722.15$	8,745.95$	8,418.50$	5,291.75

HEMODIALYSIS DEPARTMENT

NUMBER OF DIALYSIS TREATMENTS					
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Number of clients	Average 11 patients	Average of 12 patients	Average of 13 patients	Average of 14 patients	Average of 18 patients
Number of deceased	3	1	2	0	2
Kidney transplants	1	1	0	1	0
Number of treatments	1503	1574	1892	2123	2405
Pre-dialysis	42	58	50	32	52

There has been a 60% increase in the number of dialysis treatments between 2005-2006 and 2009-2010.

Daniel St-Amour
Director Chisasibi Hospital

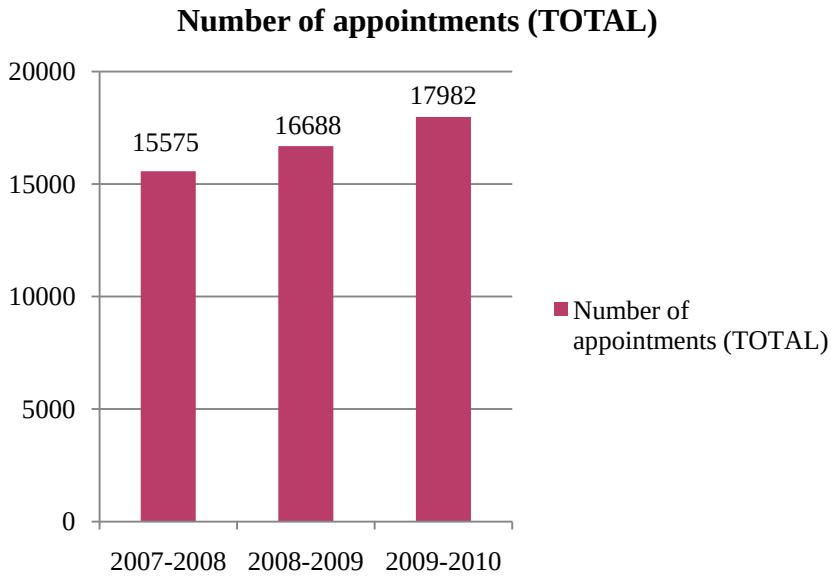
Dentistry Department

Clinical Activities

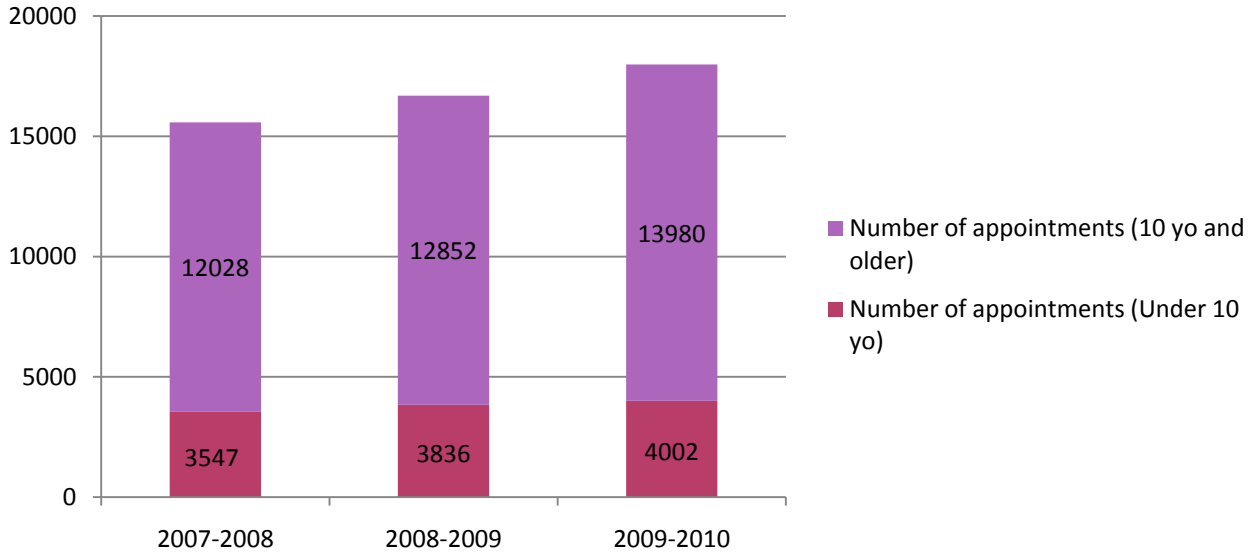
In 2009-2010, the Cree Health Board provided dental care to more than 6132 different clients. The department staff treated 17982 patients and 4002 children 9 years old and under between April 1st 2009 and March 31st 2010. These occasions include emergency visits as well as scheduled appointments. The details are seen in the annexed compiled statistics of the dental department. For general anaesthesia, a total of 157 children were seen in Montreal. The waiting time to access those treatments is about 6 months. The productivity value has increased 7% since the year 2007-08.

The following graphics illustrate the past 3 years comparison in the number of patients seen, DNA/CANC appointment and the proportion of children seen in comparison with that identified age group in each community.

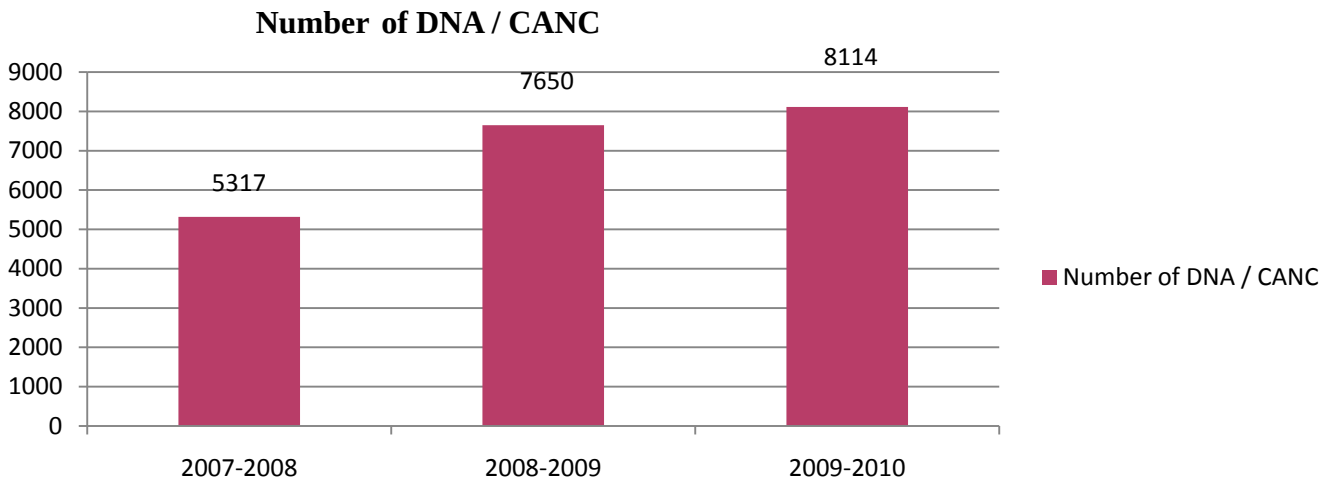
I- Total number of appointments



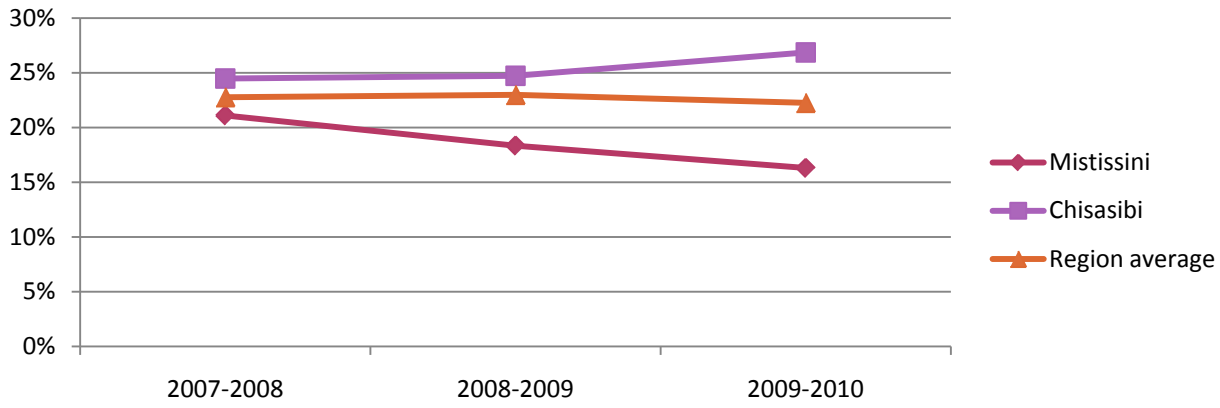
II- Total number of appointment child/adult



III- Total number of DNA/CANC visits



IV-Services provided to Children (9 yrs and younger)



The interpretation of the statistics shows us some disproportion in the treatment given to different age groups compare to the ratio in the general population. Some more investigating will be necessary to evaluate the percentage of specific treatment required in proportion of the population ratio and dental needs so the scheduling of patients can address those needs.

We can also see an increase of DNA and CANC appointments which is a concern because of the wasted time and energy to adjust the daily booking. We will need to look at potential solutions to decrease this tendency.

In addition to the clinical work of our dentists and dental hygienists, post-graduate resident dentists from 3 different University programs visited Chisasibi. Dental specialists that included an orthodontist, a maxillofacial surgeon, a denturologist and an endodontist provided specialized services in Chisasibi and Mistissini that were available to all communities.

Department meetings between dentists and also dental hygienists were held on a regular basis. The dentists were very involved in the local management of their respective clinics and in the various functions of the CPDP as well. A Dental Study Club continues to evolve. Its members met 5 times during the year by teleconference. The dentists participated in the CPDP congress held in Val d'Or in September 2009. The dental hygienist participated in the ODQ congress held in Montreal and kept their mandatory continuous education at the required level.

The head of each department and each dentist concerned by the 5 new CMC projects are working hard to provide all data and support to the construction team to ensure accurate planning is made to avoid unnecessary cost. A concerted effort is being made to standardize all dental clinics and a template is already prepared for the construction/renovation of all other pending CMC projects. The implementation of digital technology in each new CMC will enhance the dental services by providing the dentists with new tools to facilitate their duties including the promotion and education of good dental health.

We are also putting in place a new sterilizing system that will make it possible for other staff with no formal training to apply an easy principle of sterilization including the professional handling and storage of instruments. With the constant turnover of personnel, this measure will ensure easier handling of instruments, less breakage, and reduced loss of instruments. Most importantly, it will ensure the continuous maintenance of a high standard sterilization method despite the disrupted flow of personnel.

WAITING LIST FOR DENTAL CURATIVES SERVICES

Communities	average waiting time for an appointment
Whapmagoostui	4-6 weeks
Chisasibi	9-10 months
Wemindji	3 months
Eastmain	2-3 weeks
Waskaganish	3 months
Nemaska	2-3 weeks
Waswanipi	6 months
Mistissini	8 months
Ouje- Bougoumou	2-3 weeks

These figures are simply unacceptable if you compare the list to the average provincial waiting time which is approximately 2-3 weeks. The dental department is mobilizing their staff to reduce the waiting list but there is definitely a lack of support staff and training to allow optimization of the professionals human resources' time.

CHALLENGES

Despite the hard work of the dental professionals, there are still outstanding challenges to be met in order to significantly reduce the waiting list in our larger communities including:

- The increase of demand for services that cannot be met by the number of professionals required to provide them;
- The increase of administrative tasks;
- The chronic difficulties related to staff turnover such as the difficulties related to predictable replacement coordination;
- The provision of sufficient training before hiring;
- The chronic lack of recall list staff availability;
- Unavailability of allocated permanent resources that would support the annual training of the dental staff.

General Objectives for 2010-11:

The department is committed to continue providing excellent dental services to the population with a particular emphasis on prevention. To achieve this, we will work on the following that are not necessarily in any particular order:

1- Training
- Continue training on Abeldent- dental management software and transfer of administrative responsibilities from dentist to the support staff;
- Build a training program for support staff: dental assistant and secretary;

2- NIHB
- Work on the implementation of the NIHB dental management software and transfer of the case management and billing to the NIHB;

3- Material Resources
- Work with the Material Resources Department in establishing the facilitation of orders and repairs for the dental equipment;

4- Human Resources
- Locating resources and financing to increase the number of dental secretaries in Mistissini and Chisasibi;
- An establishment of a regional position for a dental administrative technician;
- Changing the Human Resources status of dental hygienists from non-replacement to replacement.

5- Recruitment
- Continue working on the establishment of a full team of dental hygienists in place and provide the general management some recommendations in regards to retention premium.

6- Specialist Visits
- Continue evaluating the needs for more diverse specialists' visits on the territory including the initiation of a strategy that will increase the frequency and duration of each visit. The contract for such purpose will need to be re-evaluated accordingly.

7- MSSS:
- Inquire into the possibility of allocating a bank of extra hours of replacements on the territory.

8- NEW CMC:
- Continue planning the provision of all necessary information to the interested parties.

9- - Prevention
- Continuation of development and implementation of the dental prevention program.

10- Training
- Inquire into various options available that will reflect our training needs.

PLAN

The plan set forth for 2010-12:

1- Transfer to the support staff all administrative work that does not require the dentist's expertise. This measure would ensure stability on the daily operations as well as maximize the dentist's time towards providing services;

- This objective is ongoing and mainly done by one Cree employee who uses the free time to do the training during the absence of a dentist. A full time regional administrative technician position request was made to the AED but was postponed to a later fiscal year. As this position would be an important source of support, we hoped that the implementation would occur before the opening of all new CMCs;

2- Transfer of all NIHB treatment plan requests and subsequent billings to the NIHB department;

- This objective has been put in motion this year through a request to the NIHB director and the IT approval committee to program the dental software into the NIHB database. The work is ongoing and is expected to be completed and put in place by the end of the next fiscal year. The challenge will be to find a permanent human resource for the NIHB department to be able to handle the incoming increase of authorization requests.

- The second part to this project involves the complete revision of the NIHB dental guideline and the training of 2 permanent dentists to handle all predetermination inquiries for the entire Cree Health Board. These strategies will remove all administrative responsibility for the NIHB cases from the local dentist. In terms of work, it will mean an increase of 12-15 % in productivity.

3- Setting guidelines and procedures to simplify the handling of dental repairs;

- This has been previously addressed. The extensive amount of time required between a request for repair and the return of the repair equipment is affecting the flow of daily operations and productivity. A request to approve direct shipping from and to each community has been submitted and responses are expected soon. Upon implementation of this process, it will stabilize the flow of the daily operations thereby deterring any significant impact of time due to repairs.

4- Increase of support staff for the Mistissini and Chisasibi Dentistry;

- This request has been presented to one of the local directors.
  I strongly believe that Mistissini and Chisasibi daily operations cannot be run effectively without 2 and maybe 2.5 dental secretaries on duty. The usual norm in the south is 1 secretary for each dentist. There will be from 3 to 5 professionals working simultaneously in the new CMC clinic. We need to add these new support staff positions to establish an effective management of daily scheduling and recall so more patients can be seen and the waiting list reduced.

5- Request to the HR department to change the status of dental hygienist from non- replacement to replacement;

- Considering the immediate needs associated with dental decay and the fact that it is recognized in the same manner as diabetes is recognized as an epidemic, it is imperative that we replace the dental hygienist to ensure the continuation of dental care without undue disruption.

Conclusion

The dental department is expecting the Board of Directors to support our request for human resources at the local and regional levels for a training program including our other requests that would facilitate the management of daily operations. This training program is crucial in order to achieve our goal to improve efficiency and to emphasize the use of professional resources in reducing the waiting list.

The willingness of the department to achieve the goals set forth will only be possible with the proposed changes. The evaluation of the entire department shows that progress will not be possible without support and will probably decrease with the completion of the new clinics, the implementation of the new technologies and the increasing demand for dental services everywhere. These new facilities will foster many challenges and our departmental services need to adapt to the new reality of the physical workspace including the crucial matter of attaining our goal of decreasing the waiting list.

Dr. Lucie Papineau,
Head of Dentistry

Pharmacy

The actual budget 2009-2010 for the regional pharmacy is:

- 4 091 057,90$
- Human resources: 3 275 529 $
- Other costs (operation): 815 528$
- Medications real costs (2009-2010): 6 191 285$

Pharmacy Team

ASSISTANT TECHNICIANS TO PHARMACIST		PHARMACISTS	
DIAMOND, FRANCES	Chisasibi	BERNIER, AUDREY	PHM
HEAD, LEANNE	Chisasibi	BERUBE, LUC	PHM
HOUSE, LISA	Chisasibi	CHARBONNEAU, MARIE EVE	PHM
LAMEBOY, MARGARET	Chisasibi	GRENIER, MARJOLAINE	PHM
MATTHEW, CAROLINE	Chisasibi	GRENIER, PIERRE	PHM
NEACAPPO, MELBA	Chisasibi	GUERTIN, DORIS	PHM
OTTEREYES, JULIANNA	Chisasibi	GUIMOND, JEAN	PHM
PASHAGUMISKUM, IRENE	Chisasibi	HEBERT, MARTIN	PHM
RATT, KAREN	Chisasibi	LAVOIE, FRANCOIS	PHM-CHEF
RATT, MARYANNE	Chisasibi	MARTEL, JOCELYN	PHM
SAM, ELIZABETH	Chisasibi	PARE, ANNE	PHM
GUNNER, HARRIET	Mistissini	PEPIN, VALERIE	PHM
LONGCHAP, MAGGIE	Mistissini	PROPHETE, SOPHIE	PHM
MATTAWASHISH, PATRICIA	Mistissini	TARDIF, LYNE	PHM
METABIE, ANNA	Mistissini	VOISINE, ISABELLE	PHM
SPENCER, HOWARD	Mistissini	WOJCIECHOWSKI, EVA	PHM
TRAPPER, FLORA E	Mistissini		

Figure 1 2009-2010 Pharmacy Teams

Activities

Statistics on pharmacy workload measurement is historically based on the number of prescriptions and total value of medication purchased for a financial year. Figure 2, Figure 3 and Figure 4 are built on these statistics.

Figure 2 illustrates the cost of medication according to our major supplier since 2003 for each community. It shows the cost is increasing rapidly.

	Cost 2003-2004	Cost 2004-2005	Cost 2005-2006	Cost 2006-2007**	Cost 2007-2008**	Cost 2008-2009**	Cost 2009-2010**
1. Total « Coastal »	**1 892 566,72 $**	**2 257 137,28 $**	**2 383 393,91 $**	**2 610 280,46 $**	**3 270 238,65 $**	**3 179 340,54 $**	**3 596 405,11 $**
a.Chisasibi Total	939 427,22 $	1 197 881,71 $	1 274 508,52 $	1 251 107,54 $	1 779 972,45 $	1 660 497,89 $	1 792 239,14 $
Medecine	*n/a*	*n/a*	*n/a*	*n/a*	*91 614,87 $*	*123 113,30 $*	*210 725,94 $*
Sans medecine	*n/a*	*n/a*	*n/a*	*n/a*	*1 688 357,58 $*	*1 537 384,58 $*	*1 581 513,20 $*
b. Whapmagoostui	300 682,13 $	354 893,67 $	320 523,31 $	393 829,46 $	379 055,60 $	410 428,37 $	549 466,94 $
c. Wemindji	222 855,07 $	255 610,72 $	335 154,41 $	360 196,83 $	402 324,52 $	400 632,32 $	546 172,80 $
d. Eastmain	121 161,05 $	152 250,05 $	139 589,41 $	179 978,68 $	245 305,41 $	222 785,68 $	244 884,76 $
e. Waskaganish	308 441,26 $	296 501,13 $	313 618,26 $	425 167,96 $	463 580,67 $	484 996,28 $	463 641,47 $
2. Total « Inland »	**1 550 336,59 $**	**1 795 386,23 $**	**1 960 461,28 $**	**2 123 740,16 $**	**2 341 056,08 $**	**2 519 908,58 $**	**2 361 562,52 $**
a. Mistissini	876 744,28 $	961 642,72 $	983 742,37 $	1 214 957,00 $	1 424 458,54 $	1 660 615,11 $	1 500 955,22 $
b. Waswanipi	313 489,61 $	383 195,50 $	452 634,98 $	453 741,68 $	426 304,69 $	439 684,12 $	430 064,78 $
c. Nemaska	197 343,54 $	249 601,72 $	275 222,64 $	229 342,93 $	297 105,86 $	202 636,92 $	214 140,05 $
d. Oudjebougoumou	162 759,16 $	200 946,29 $	248 861,29 $	225 698,55 $	193 186,99 $	216 972,43 $	216 402,47 $
3. Grand Total	**3 442 903,31 $**	**4 052 523,51 $**	**4 343 855,19 $**	**4 734 209,08 $**	**5 611 294,73 $**	**5 699 249,12 $**	**5 957 967,63 $**

Figure 2 Summary of medication according to our major supplier since 2003 for each community.

Each year the cost of medication increases for two major reasons: inflation and increase of the number of prescriptions.

The amount of prescriptions depends on the size of the population, its group age distribution and its wellness. Only Chisasibi has the setup to gather data needed to demonstrate these facts.

Figure 3 illustrates the increase of the number of prescriptions observed since 1984 as the population in Chisasibi is ageing and due to its increase.

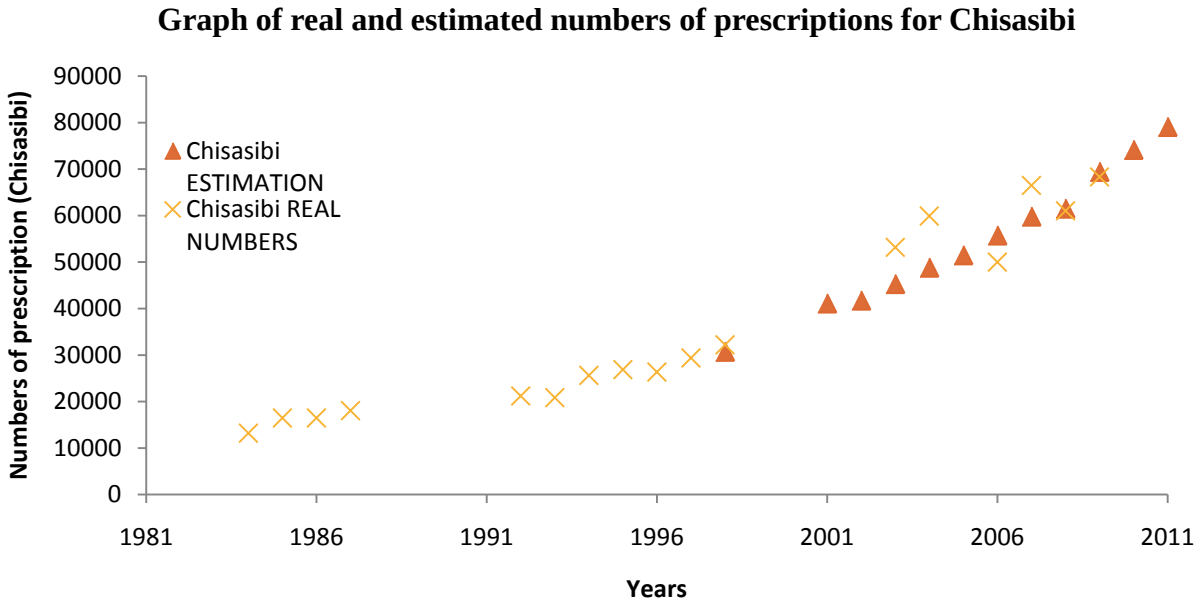


Figure 3 Graph of real and estimated numbers of prescriptions for Chisasibi from 1984 to 2009

Population is composed of several age groups. Each age group faces different types of health challenges that influence the medication treatment regimen. Some health issues are simply added to the previous health condition as the person ages. The consequence is the increase of the number of medication and the complexity of the treatment needed to maintain the wellbeing of the person. This also has a direct influence on the cost and the number of prescriptions needed annually by this person.
Statistics on the number of prescriptions per person for each age group are done on the provincial scale by the RAMQ medication insurance division. Same statistics were compiled this year for Chisasibi population to make the comparison possible and get some ideas on the situation.

Figure 4 compares Chisasibi and RAMQ statistics based on the mean number of prescriptions per person for each age group. Data is similar from birth to the age of 39 except for each age group over 40; Chisasibi statistics are higher to the RAMQ. This may gives clues on the wellness of CBH regional population and considering the effect of aging of the population and the increase amount of prescription in function of age, the main conclusion is a net increase of prescriptions workload for the future.

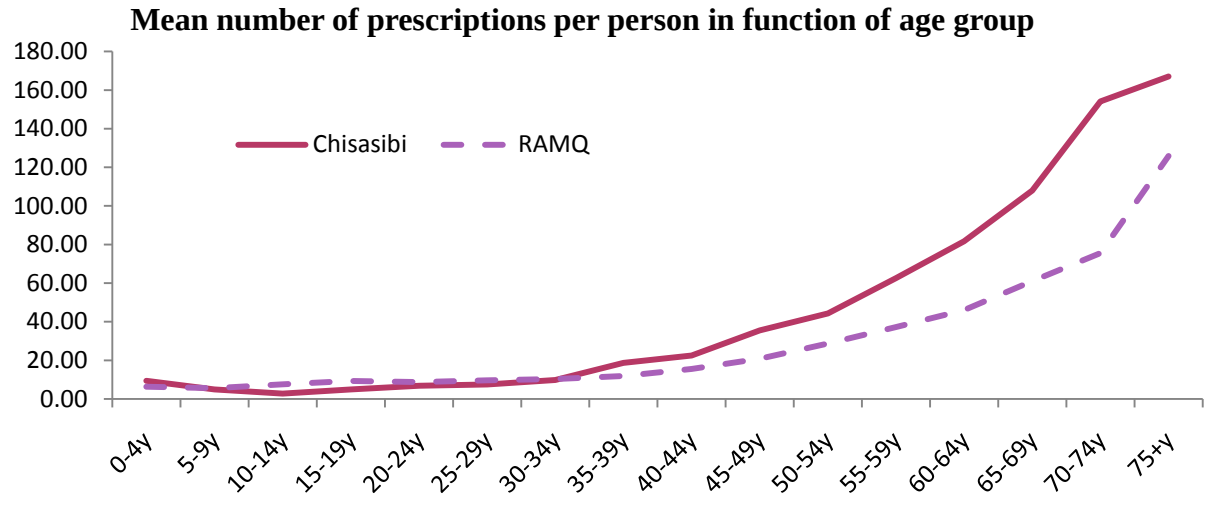


Figure 4 Comparison between Chisasibi and RAMQ mean number of prescriptions per person in function of age groups

The next exercise consists of compiling the actual medication cost for each age groups. Figure 5 shows absolute medication cost for each age group. The graph shows the number of persons in each age group for Chisasibi population and the absolute medication costs for 2009-2010 for each of them. The main observation is that the majority of medication expenses are spent for aged people.
We conclude that the aging process of the population will have direct influence on the regional total cost of medication in the future.

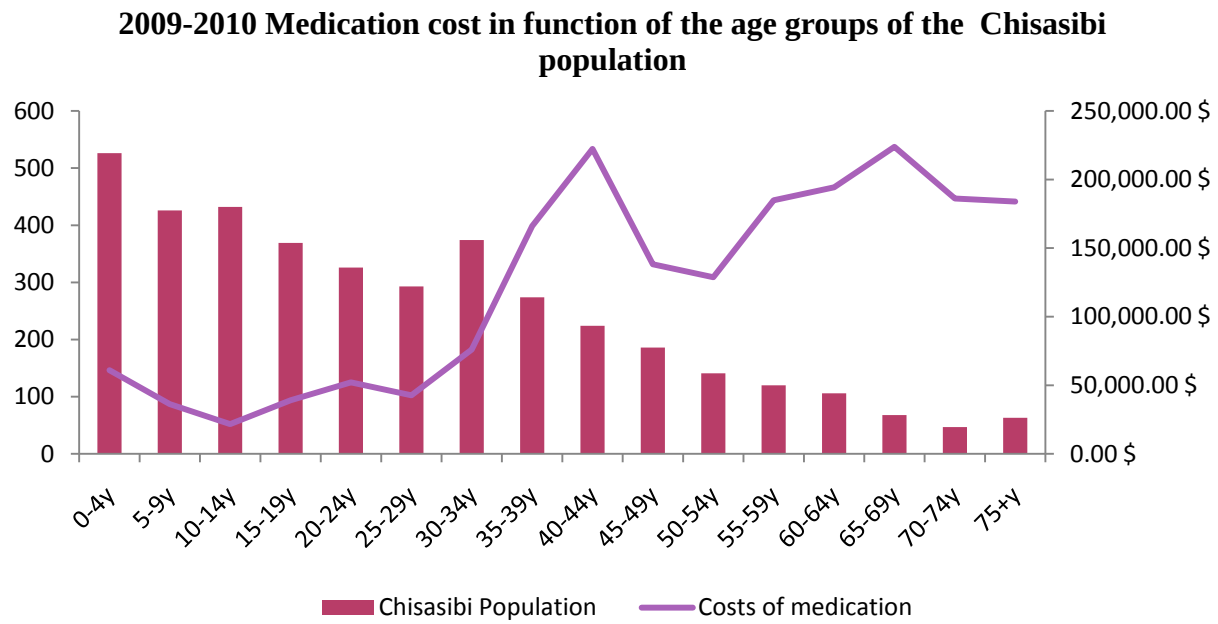


Figure 5 Medication cost in function of the age groups of the Chisasibi population

Medicine unit

- 342 patients served
- 10 370 prescriptions filled
- 1433 requisitions

Recalls

- 345 recalls
- 245 patients
- 747 services
- 353 others

Human Resources

Human resources are still the major issues for the pharmacy department in 2009-10. The following table illustrates the gap between needs and reality.

Years	Hospital (27 beds)		Chisasibi		Mistissini		Community Pharmacists (located in Chisasibi or Mistissini)	Technical Assistants
	Pharmacists	Technical Assistants	Pharmacists	Technical Assistants	Pharmacists	Technical Assistants		
2009-10	1,3	1,3	1,3	5,5	1,3	5,5	2,6	2
IN PLACE[1]	0,3	1	1	6	0,3	3	0	1

[1] Includes 1 head pharmacist not shown – replacement included

The pharmacy services are presently provided by a group of regular replacing pharmacists ("depanneur") in Chisasibi and Mistissini. In Mistissini, the presence of a pharmacist will be increased September. At the same time, "on call" services will be implemented in Mistissini.

In 2008-2009, the team of technical assistants made up of five permanent full-times (four in Chisasibi and one in Mistissini) as well as three equivalent occasional full-time (4 in Chisasibi and 2 in Mistissini) these are divided between 6 employees in Chisasibi and two in Mistissini.

The training program in Chisasibi which started in winter 2008 continued this year. This "coaching" program is a two week "refresher"" training for every technician working at the pharmacy in Mistissini. However, due to the lack of technical assistants in Mistissini; only one technical assistant was able to follow the program.

Pharmaceutical planning activities

The pharmacy was involved in different types of projects and activities in the following areas:

- Wemindji
  - Implementation of pharmacy services in the new CMC
- Mistissini
  - Setup and equipment needs planning for the new pharmacy in the new CMC
- Waskaganish, Nemaska, Eastmain, Waswanipi
  - Needs and space planning for all four new CMCs
  - Development of specification standards
- Implementation of a standardized layout of pharmacies in the communities

- H1N1
  - Establish a secure distribution system with a prescription type to ease the process
  - This distribution system was reused by the MSSSQ as a template for other remote region
- Medication
  - Medication catalogue for manual ordering
- Communities visit
  - All communities have been visited by the head of pharmacist at least once except Whapmagoostui clinic.
- Chisasibi
  - New night cabinet implementation
- Mistissini
  - Pharmacy "On call" service implementation
  - Night Cabinet project
  - Paper prescription project
- Wemindji
  - Implementation of computerized medication ordering procedures

OPQ investigative report

In June 2009, the *"Ordre des Pharmaciens du Québec"* (OPQ) send their investigative report and raises important concerns relative to the actual pharmaceutical service situation. The majority of concerns are caused by an inadequate number of pharmacists.

Whereas it was a constant struggle to maintain pharmaceutical services in region 18, outsourcing the services to an outside provider appeared to be the best option. Outsourcing part of the pharmaceutical services would address and meet the required regulations and standards related to the proper use of medications, storage, preparation and delivery of medications in order to prevent pharmaco-therapeutic problems and ensure the utmost protection to users in an isolated context.

In March 2010, the Board of Directors of the Cree Board of Health ratified the option to outsource part of the pharmaceutical services required in our region. This new approach will

- Improve quality of pharmaceutical services currently provided;
- Ensure access to intellectual and wider experience and knowledge;
- Ensure access to improved operational practices that would be too difficult or time consuming to develop in-house;
- Ensure access to a larger pool of experienced pharmacists;
- Acts as a catalyst towards major changes that cannot be achieved alone;
- Use external knowledge to supplement limited in-house production capacities;
- Accelerate the development of essential services through the additional resources provided by the provider;
- Decrease the overall costs of the pharmaceutical services that are charged to the CBHSSJB operational budget by involving the CNIHB;
- Provide internal pharmaceutical resources opportunities to focus on developing the core specialized health services with high value impact on the population

The OPQ is active in these files, they collaborated in the set-up of this new practice and they will ensure the utmost protection of the users once the system is fully in place.

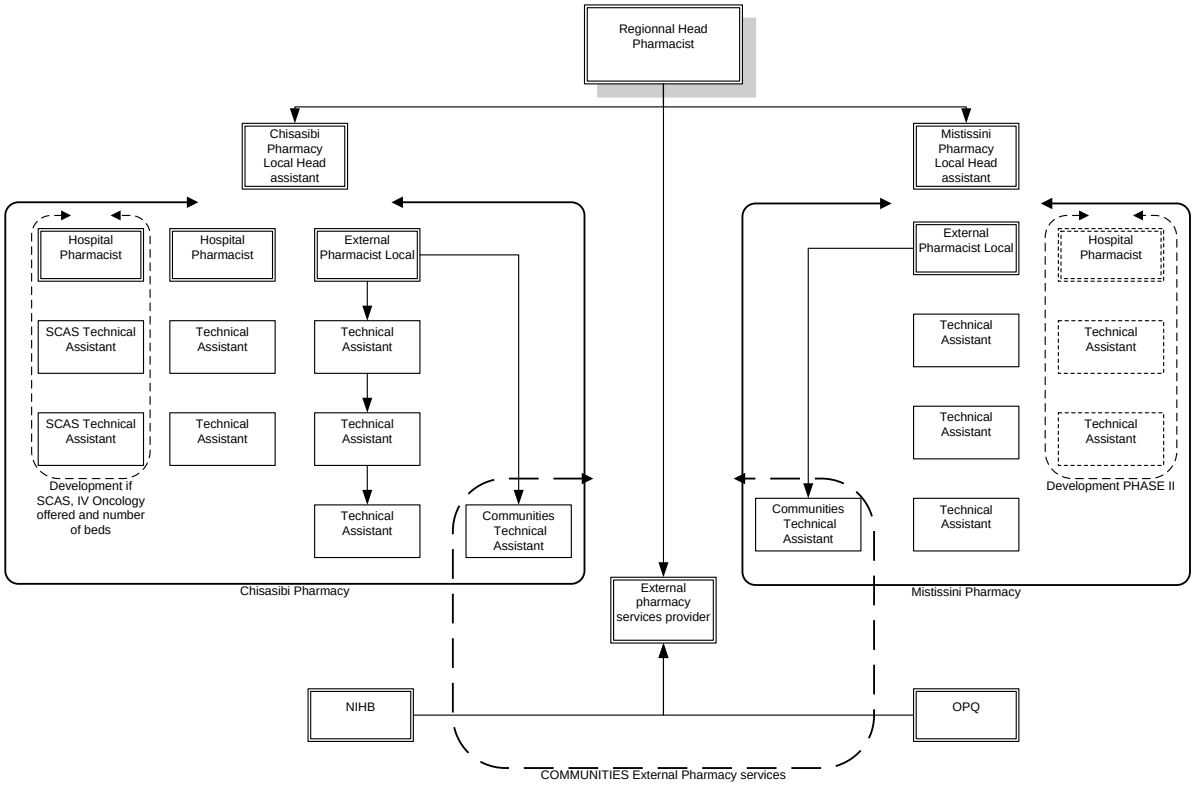
New pharmacy services structure

- Hospital setup
    - Hospital 27 beds - Chisasibi
    - Haemodialysis – Chisasibi
    - Haemodialysis – Mistissini
- All the prescriptions in Chisasibi are done Chisasibi
- All the prescriptions for Mistissini are done in Mistissini
- All prescriptions for the communities are done by the ***dedicated pharmacy provider (outsourcer)***
- **1 Technical assistant position in each community** other than Chisasibi and Mistissini

CBHSSJB Pharmacy department staff planning

Hospital (27 beds)		Chisasibi		Mistissini		Community	
Pharmacists	**Technical Assistants**	**Pharmacists**	**Technical Assistants**	**Pharmacists**	**Technical Assistants**	**Pharmacists (located in Chisasibi or Mistissini)**	**Technical Assistants**
1,3	**1,3**	**1,3**	**5,5**	**1,3**	**5,5**	**2,6**	**2**
0,3	**1**	**1**	**6**	**0,3**	**3**	**0**	**1**
1,4	2,9	1,9	7,5	1,5	5,9	Pharmacy provider	10

CBHSSJB Regional Pharmacy Organizational Chart



Activities indicators

Next year, we plan to implement new key performance indicators for the communities according to the different phases of the implementation plans for pharmaceutical services.

François Lavoie
Head Pharmacist

Department of Medicine

General Statement
Physicians of the CCSSSBJ have noted a trend in the last few years of escalating patient morbidity and psychosocial issues that are contributing to a rapidly increasing workload. The challenge for the department of medicine will be to adapt to this increasing workload with increases in manpower as well as recommendations for increased support through allied services. Increased morbidity is multifactorial but likely in large part due to high rates of obesity and diabetes, with their attendant complications. There also appears to be a rapidly escalating incidence and prevalence of psychosocial issues.

Overall, medical coverage of the territory, although not complete, is the best it has been in the last 20 years both in terms of numbers and stability. A stable medical team will be an essential element in combating the above mentioned issues.

General Objectives:
Specific Files
University Teaching Affiliation

- The McGill University teaching affiliation continues to be strong. We train an average of 2 trainees per month, a combination of medical residents and students. Our teaching affiliation over the years has proved to be our most effective recruitment tool. It is also valuable in that it helps us to recruit physicians who wish to maintain an academic presence, which we believe to be of higher standard and quality.

Director of Professional Services:

- Dr. Guy Bisson was hired as our much needed Director of Professional Services

Hospital Director

- Daniel St. Amour was hired as the Chisasibi Hospital Director. The relationship with the department of medicine is extremely positive.

Medical Examiner:

- Dr. Francois Charette, our medical examiner, continues to occupy this position. The backlog of medical files of the previous year was dealt with and is now up to date.

New programs and protocols established:

- Propofol Administration Protocol approved by the CPDP.

Research

- Dr. Kitty coordinated and contributed to the Chisasibi and Ouje Bougoumou arm of the Canadian First Nations Diabetes Clinical Management Epidemiologic (CIRCLE) Study. This study assessed the current prevalence of diabetes, its associated comorbidities and complications, as well as its clinical management for the period 2007-2009.

Continuing Medical Education Lectures:

- The public health department in collaboration with specialists from the Montreal General Hospital and the Department of Medicine have succeeded in organizing lectures in Montreal by videoconferencing to address the continuing medical education needs of physicians that work on the territory. There was one lecture in pediatrics and two related to diabetes this year. These lectures are valuable and much appreciated by physicians.

Regional Annual CMDP Assembly

- The regional assembly took place in Val d'Or in September 2009. This meeting is a valuable venue for physicians across the territory to meet and exchange ideas. It should be continued on a yearly basis.

Specialist Presence

- Specialist presence on the territory has been quite problematic in the past year. We are enduring a significant shortage of ophthalmologists and orthopaedist visits. The reasons for these absences are multifactorial and involve logistic, manpower and remuneration issues. Dr. Bisson is urgently addressing these issues.
- Dr. Janique Harvey, our visiting psychiatrist, continues to visit the territory on a regular basis but is having difficulty to fully address our increasing needs. We are trying to fill the need with the presence of additional visiting psychiatrists.

Absence of Ultrasound

- During this fiscal year, the College of Radiologists and Radiology Technicians pronounced that our territory should not offer ultrasound services without the immediate support of a radiologist. Respecting the pronouncement, we ceased doing all non obstetric ultrasounds on the territory. This has created a significant impact on the quality of care that we can offer on the territory with the increased transport costs and inconvenience to patients. Dr. Bisson is attempting to address this issue by hiring a Radiologist to visit the territory on a regular basis.

Recruitment activities

- Recruitment activities are ongoing and consist of ad placement, display booths at conferences and a yearly presence at the "Journées Carrière". A design firm was hired to produce a quality pamphlet to be sent to physicians across the province by mail. The mailing process will be initiated within a short period of time.

Laboratory Problems:

- Last year, the laboratory was experiencing numerous quality control issues with erroneous results. These issues have largely been addressed since the re-hiring of Nathalie Laflamme as Head Laboratory Technician.

Material Resources

Major medical items needed include the following:

-Pediatric Ventilator
-Telemetry for the clinic and medical ward
-Bipap device for the hospital

Human Resources/Personnel Management

Medical coverage of most of the territory continues to be stable. There has been stability and minimal turnover in our full time and half time physicians. There were no departures in this calendar year. Although there have been gaps in replacement doctor coverage of certain communities, overall coverage was good this year. Recruitment of doctors to Waswanipi, however, continues to be problematic. There have been significant periods of gaps in the schedule this fiscal year. Improving the medical coverage of Waswanipi will be a priority for the department of medicine in the coming months.

Three permanent doctors including two full- time, and one half- time, were hired this year for residence in Chisasibi.

Medical coverage of the territory is being continually adjusted to accommodate needs. Staffing has been increased for each village based on need.

Medical Coverage of the Territory as of March 31st, 2010:

Whapmagoostui:	Dr. Tinh Van Duong, permanent full time Dr. Carole Laforest, permanent, half time. Dr. Helen Perreault, permanent.
Chisasibi:	Dr. Darlene Kitty, permanent full time. Dr. Michael Lefson, permanent full time. Dr. Barry Fine, permanent full time. Dr. Jimmy Deschesnes, permanent full time. Dr. Olivier Sabella, permanent half time Dr, Anne France Talbot-Bolduc permanent full time as of August 21, 2009 Dr Joey Podavin, permanent full time as of November 27, 2009 Dr. Catherine Beauce, permanent half time as of January 4 2010
Wemindji:	Dr. Roxana Bellido, permanent full time.
Eastmain:	No permanent MD.
Waskaganish:	No permanent MD, but has good coverage with a stable team of replacement doctors

Nemaska:	Dr. Guy Paquet, permanent half time.
Waswanipi:	No permanent MD.
Mistassini:	Dr. Gerald Dion, permanent full time. Dr. Raffi Adjemian, permanent full time. Dr. Rosy Khurana, permanent full time. Dr. Julian Carrasco, permanent full time.

Financial Resources

The department of medicine has no direct access to financial resources. As a result, the purchasing of equipment, both medical and non-medical, has often proved to be frustrating, inefficient and time consuming. The provision of a budget for the department would alleviate the process. An alternative measure would be to define and streamline existing purchasing lines and procedures.

Dr. Jimmy Deschesnes,
Chief of Department of Medicine

Youth Healing Services

Mission Statement

The Youth Healing Services (YHS) is committed to offering all youth and their families the opportunity to achieve individualized social and emotional well-being, based in Cree culture and rich in an environment of dignity, respect, and professional excellence in service delivery.

Belief Statement

The Youth Healing Services strives to contribute to the physical, mental, spiritual, and emotional well being of each youth by providing individualized care that is both compassionate and family-oriented. The Youth Healing Service delivers programs that are culturally competent and reflective of Cree cultural traditions and language as a priority in service delivery. The Youth Healing Services ensures a place of acceptance and belonging for all youth experiencing a wide variety of challenges.

Vision Statement

The Youth Healing Services ensures a safe and secure placement for all at-risk youth placed in their care through the child welfare and justice systems.

The Youth Healing Services ensures that all of its programs are both culturally sound and meaningful to every youth by affording individual assessments and intervention models designed to meet the needs of each youth.

The Youth Healing Services seeks to empower each youth with the necessary life and living skills and counselling treatment required to assure their success as viable, independent, and productive members of our communities.

Goals

- To ensure a youth's safety and sense of security by providing an atmosphere of acceptance, consistency, and predictability.
- To mentor and equip all youth with 'life and living skills' while in the facility and 'on the land'.
- To develop a therapeutic relationship with each youth and their parents/caregivers.
- To develop within each youth a positive sense of self worth & self awareness.
- To provide individualized assessments with tailor-made 'healing path plans.'
- To provide a referral system when individual needs dictate.
- To act as an advocate for the rights and needs of all youth.

Introduction:

With the extension of the SRP over 2 years YHS continue to go through numerous changes, developments, and improvements in all areas of operations and the team has adapted and persevered as true professionals.

Youth Healing Services serves youth between the ages of 11 and 18 years of age who are experiencing a variety of difficulties at home or in the community.

Regional Facilities

YHS Administration
Upaachikush Group Home, Mistissini
Weesapou Group Home, Chisasibi
Reception Center, Mistissini
Bush Program

DEFINING YOUTH IN THE SYSTEMS

System	Child	Youth	Adult
Justice	0-11 years	12-17 years	18+ years
Health		0 – 35 years	36+ years
Education	4 years +	4 – 21 years	21+ years
Child Protection	0-11 years	12 to 18 years	19+ years

PARTNERSHIPS

- DYP
- Elders
- Business Community
- Parents
- Spiritual Leaders
- Cree Regional Authority
- Cree Trappers Association
- Cree School Board
- Police Services
- Social Services
- Recreation
- Community Health

YHS POSITIONS CREATED BY SRP

- Resource Coordinator
- Administrative Technician
- Administrator Officer
- Intake Advisor
- Planning & Programming Officer
- Bush Program Activity Team Leader
- 4 Childcare Workers for Bush Program
- 6 full-time Childcare Workers
- 3 part-time Childcare Workers
- 6 permanent full-time Night Duty Staff
- Maintenance and Housekeeping Staff

Objectives

Youth Healing Services is committed to Rehabilitation as a Cree way of learning and being. The staff will support the youth in acquiring and maintaining those necessary skills related to coping more effectively with the demand of their own person, family, and environment which includes land based programs.

Youth Healing Services is now in the process of developing a more community based service that focuses on family preservation using a more holistic based approach to care. As we continue the process of extending these services in youth programs, one of the integral elements is to introduce a healthy lifestyle to youth and their families **in a preventative manner**.

YHS continues to build the Bush Program. The Holistic Land Based Program is now fully implemented on both the Coast and Inland. The Staff has been assigned to develop and maintain a constant traditional way of life to engage the youth of Region 18. Elders in both settings have been contracted to ensure proper delivery of these teachings.

Youth Healing Services is committed to providing proper care as part of the on-going process in the development of integrated youth services in the continuum of care. These services will focus on all aspects of the client, family, and community settings.

Youth Healing Services Commitment to Care:

Youth Healing Services takes great pride in the de-institutionalization of all facilities to create a more comfortable environment to better suit the therapeutic value in the intervention with youth. Below are just a few examples of our on-going commitment:

- Bush program implementation within the Youth Healing Services is in a continuous mode of change and improvement, and will continue to develop, eventually extending to all youth of Region 18.

- To enhance the services for the youth in placement, Youth Healing Services consults directly with the youth in our care to enable them to voice their concerns and ideas on program development, as well as how to implement a more positive consequences structure.

- The use of traditional, cultural and elder's teachings in the provision of service to our clientele and their families based on values, ideas, and concepts.

- To effectively maintain support and guidance to the Youth Healing Services team in their training and development.

- Establish partnership links within the agency services and with local and other community entities.

- Maintain Youth Healing Services developmental plans to build professional skills, knowledge, and experience in support of staff development.

- Continue to promote Youth Healing Services and Cree Native Childcare through workshops and conferences.

Improvements in Case Management:

The position of Regional Intake Advisor continues to oversee the Intake and Discharge procedures of youth. Her responsibility is to ensure all youth being admitted to each facility has an effective Healing Path Plan and ensures the rights and needs of the youth are met in terms of service, resources, and cultural sensitivity.

Healing Path Plans have long been a part of our interventions with youth to help them set clear goals to healing and well being. In the beginning, these plans focused primarily on the youth and the challenges he/she faced at home and their community. The change now is a holistic approach where the focus is not only on the youth but the parents as well.

The youth and parents are met individually and then as a family. This approach allows for a safe environment for each family member to disclose the situation. The healing process begins and a plan is developed to support the family during the term of the youth placement in one of our residential units.

The residential units observed that while the healing path plans were helpful, we still required an individual action plan for the youth. These action plans were meant to provide a detailed description of the weekly responsibilities of the youth and his/her primary child care worker. The youth is asked what he/she needs help with, a goal is set and a detailed means to achieve the goal is written into the plan.

Healing Path plans and Action plans are tools we use to help the youth and their family with the healing process, awareness, and prevention strategies.

Improvements in Crisis Management and Training:

1. Adolescent Skills Development Program – staff are trained on how to facilitate "life and living skills" groups through culture based activities with youth - Dr Arnold Goldstein's model.

2. Crisis Management Intervention - staff are trained to identify and intervene effectively in crisis situations.

3. Drugs Recognition and Intervention – staff are trained to identify and intervene effectively with substance abusing youth.

4. Report Writing - Staff hone their report writing skills so as to ensure quality documentation in client's charts.

5. Sexual Abuse Counseling and Intervention - Staff are trained to receive disclosure and how to ensure mandatory reporting of same, as well as provide supportive counseling to client.

6. Risk Needs Assessment – Clinical and Supervisory staff are trained to administer and interpret a risk-needs assessment that helps inform the development of an effective "Healing Path Plan" for each individual client.

7. ASIST - Applied Suicide Intervention Skills Training.

8. TCI - Therapeutic Crisis Intervention.

9. ART - Aggression Replacement Training.

10. Team building workshops.

Improvements to Rules and Regulations:

Improvements had to be made to our rules and regulations to better inform youth and their parents of youth rights & liberties, privileges and responsibilities, restraint & safety measures, and detention protocol. It also outlines consequences for youth who have difficulties following the rules and regulations. Having a good working relationship with Batshaw and L'Etape allowed us to adopt and modify our rules and regulations to ensure the safety and security of the youth and child care workers while still keeping respect to Cree Culture and values.

Bush Program – Activities:

- Teaching youth how to prepare for an activity
- Teaching respect for the land, environment and for each other
- Teaching cultural moral values
- Fish preparation, ice fishing, setting nets winter & summer
- preparation of moose hide
- camp preparation
- journey of wellness

- rabbit snaring, beaver trapping, hunting moose, caribou, bear
- how to smoke fish, moose & bear meat
- how to clean & preserve wild meat
- Survival skills
- Canoeing techniques
- Participation in Traditional Gatherings, Murray's Lodge & Elders Lodge
- Goose Break
- Rights of passage

A yearly calendar of cultural events is made for the bush program staff and residential child care workers to follow. In the beginning, Youth Healing Services has been involved in the local Journey of Wellness but we observed that our clientele had difficulty being integrated at the community level. Youth Healing Services started our own Journey of Wellness. It evolved into the Sam Awashish Journey of Wellness as a tribute and to honour a man who so effortlessly gave to help others.

Youth Healing Services also participates in a cultural exchange Pow Wow with Batshaw youth and family services in Montreal on a yearly basis. The purpose of this event is to share our culture with the youth and staff in the open custody units within Batshaw. We provide and cook traditional food on site so spectators can get a glimpse of food preparation. We also present a walking out ceremony and present traditional medicines.

Youth Healing Services actively seeks the guidance from the Regional Elders Council. These respected individuals participate regularly in YHS meetings and planning sessions. The Elders Council acknowledged the stories and experiences we shared. They also shared their knowledge and experience with us. They emphasized the importance of engaging youth in the bush by using opportunity as a means to teach the youth as well as taking the time to play games with the youth and have fun at the same time.

Northern Wellness Camps
Regional Prevention Programs

This proposed project extends the notion of Aboriginal sports camps (which have been operating in Northern Quebec for the last five years) to that of **Northern Wellness Camps**, the key addition being a full "curriculum" of a drug awareness and prevention program. The objectives of the program are to equip youth (primary target market is youth under 19 years of age who are very vulnerable to available drugs, alcohol and other dangerous substances).

As is demonstrated in the international research literature, so called "crime prevention through social development" (CPSD) initiatives have long been proven to be effective in reducing anti-social behaviour of youth, especially those CPSD strategies that focus on fundamental life skills development through the venue of sports and recreation programming. Through widely available sports and recreation programs, young people are exposed to pro-social role models; learn about the crucial life lessons of teamwork, fair play, and honesty; improve their health outcomes and psycho-social functioning; and, become engaged in positive activities which necessarily divert them from anti-social ones.

In keeping with these beliefs, YHS has developed a wellness camp concept that has been offered to youth aged 6 to 19 in five communities; Waswanipi, Whapmagoostui, Ouje-Bougoumou, Chisasibi and Waskaganish. Over the past five summers, we have organized football camps, hockey camps and basketball camps, with each camp attracting some 200+ youth from local communities. These camps have been designed to exercise both "the body and the soul" of our young participants and is regarded as the only prevention based program in the Cree Nation.

SRP 2012 and Beyond
New Development

- Expansion of an additional Group Home so as to ensure adequate placement spaces in the CREE NATION.
- Expansion of a 'closed custody' program to reduce the frequency of transferring youth out of the Cree Nation when sentenced to closed custody.
- Expansion of the YHS 'On the Land' Program across all communities.
- Ongoing staff development.
- Ongoing clinical guidance for staff and supervisors.
- Expansion of the current Cree 'On the Land Program' as a Pre-Charge / Alternative to Justice Program for youth aged 12 to 17 years.
- Pre- DYP *Signalement* - 'On the Land Program' as prevention.
- An "On the Land" Cree Bush Program linked to schools and all youth as part of the YHS prevention.
- Healing Home for higher risk youth not placed in residential care.
- Intensive Supervision Program – for convicted higher risk youth.

Gordon Hudson
Director – Youth Healing Services

Youth Protection Department

Program Overview

It is without hesitation that I acknowledge the wisdom and unrivalled experience and dedication of Assistant Director of Youth Protection, Mary Bearskin, for her work as the Interim DYP upon former DYP Bryan Bishop's departure in late 2007 and until my arrival in early July 2009. Her wisdom and experience has had a very positive impact in my initial orientation with Mr. Bishop and I continue to call on her for her expertise and wisdom. She is a role model and prime example that she can withstand and endure through change management in her 30 plus years of experience working in different capacities for the Cree Health Board.

I would like to thank the Youth Protection Team Leaders in each of the 9 communities who go above and beyond the call of duty with the limited resources that they have to work with. As a front line service, the system of operations and processing has to move in a very fluid manner. This is made possible through teamwork and ensuring that the immediate needs of youth protection clients and their families are met and continues to meet the basic quality assurance levels as outlined in the Youth Protection Act.

Further acknowledgement goes to the Youth Protection regional administration staff that ensures the work gets done even in last-minute and emergency situations. On many occasions, they have had to work after hours and on weekends so that employees, children, and their families can safely return home.

Without the tireless efforts and hard work of the front-line youth protection staff who work on behalf of the DYP, the job as it is today would not be possible. I thank all Youth Protection staff whose function serves to ensure that all children in Eeyou Istchee can have a chance to grow up in a safe, secure, and healthy environment. It is a job that is necessary but not always appreciated.

Credit must also go to the foster families who take care of children who are not their own and who are continuing a Cree tradition of care giving when parents are not able to care for their own children.

The year 2009-2010 shows a slight increase in the number of *Signalements* received and retained by the youth protection department. We hope to see the *Signalements* decrease as the CBHSSJB continues to implement additional positions and support from other departments such as integrated services as well as the implementation of additional intervention and prevention programs and prevention strategies for clients and their families.

Years	***2004-05***	***2005-06***	***2006-07***	***2007-08***	***2008-09***	***2009-10***
Signaled	***1141***	***1169***	***1121***	***965***	***951***	***1035***
Retained	***933***	***1026***	***918***	***842***	***711***	***858***

Signalement: **A form that provides details about a reported incident regarding a child that either isn't or is currently a youth protection client.**

Retained: A *Signalement* is retained because the information is deemed valid and an intervention, review and follow-up process is required. Depending on the situation, this is done either by voluntary measures or through a court order.

An analysis of the numbers shows that of the 858 cases retained, most were related to negligence (80% approx.) due to lifestyle factors such as situations related to continuous alcohol and drug abuse by the youth's parents. Of the active youth protection cases, the largest numbers of cases were in;

Mistissini (204)	Waskaganish (186)	Chisasibi (185)
Whapmagoostui (86)	Waswanipi (84)	Wemindji (57)
Nemaska (29)	Ouje-Bougoumou (16)	Eastmain (6)

The number of times that children were placed in foster care during the year 2009-10 is 4, 725 compared to 3, 263 in the previous year. Although there was an increase in the number of **days** that children spent in foster care (i.e. 76, 636 in 2009-10 compared with 73,005 in 2008-09), this can be attributed to factors such as children spending longer consecutive periods in one foster home. As in previous years, the majority of children placed under foster care (3, 130) are in the age range between 0 and 11 years old.

A total of 52 children from the 9 communities were placed either in the (2) Group Homes in Mistissini and Chisasibi or at the (1) Reception Center in Mistissini and out of territory Foster Homes and CJ's (*Centre Jeunesse* – closed custody units) that are required mainly for protective and custodial reasons.

The number of adoptions regionally during 2009-10 is 22 (compared with 29 the previous year) with the highest number of 6 being in Whapmagoostui and Mistissini.

For young offenders, the regional total was 182 cases which have decreased compared with 274 the previous year with the highest number being in;

Mistissini (53)	Waswanipi (46)	Waskaganish (22)
Chisasibi (21)	Ouje-Bougoumou (15)	Whapmagoostui (9)
Wemindji (6)	Nemaska (6)	Eastmain (4)

Operational Planning
The regional average for the CBHSSJB was 22.7 cases per worker in 2008-09 compared with 21 cases per worker in the rest of the province. Currently, the Youth Protection Department occupations include:

1 Director of Youth Protection
1 Assistant Director of Youth Protection
1 Access Liaison Officer
1 Planning Programming Research Officer – Foster Homes
1 Planning Programming Research Officer – Young Offenders
9 Youth Protection Team Leaders
9 Young Offender Workers
9 Foster Home Workers
2 Development Positions (YO Worker & YP Worker)
23 Youth Protection Workers

Robert Auclair
Director of Youth Protection

Cree Patient Services Montreal

This office is situated in the Faubourg Ste-Catherine downtown Montreal, close to several hospitals of the region. The employees working from this office are; 1 director **on sick leave since October 2009**, 1 head, 1 administrative technician, 4 liaison nurses, 1 social worker, 2 medical secretary, 1 receptionist, 2 northern establishment attendants, 2 administrative agent ‘’dispatch’’, 3 drivers full time, 3 drivers part time plus a few occasional.

The provincial difficulty in recruiting nurses was resolved; April 2009 hiring an agency nurse still here, June 2009 to January 2010 hiring 2nd an agency nurse – In October a 5th nurse and in March a 3rd medical secretary was add to our team

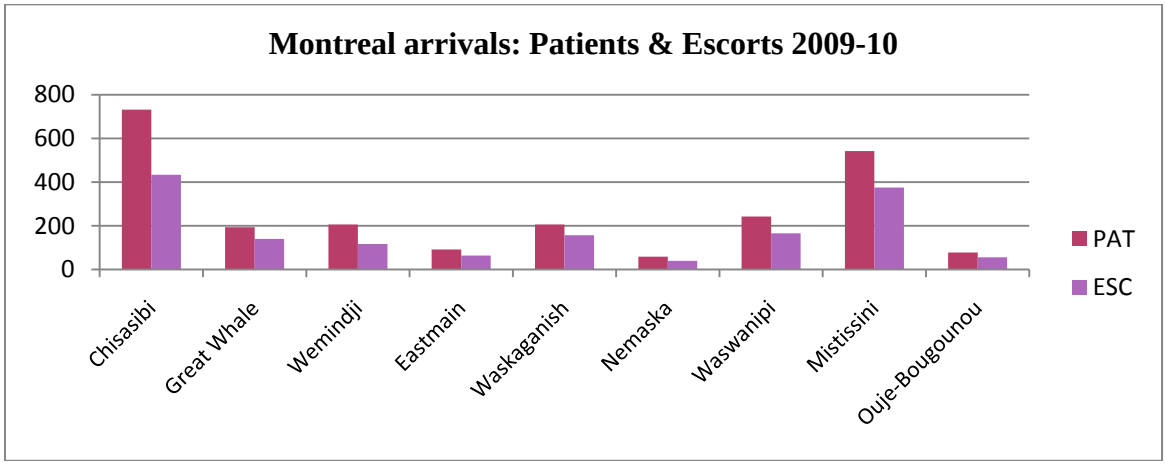
This unit received 20% of the CPS arrivals, 3908 clients; an increase of 21% from last year. The increase can be explained by specialties not available closer to the region and new medical corridors. Other statistic showed that an average of **50** patients every day were in Montreal this is not including the familial escorts. Last year there was an average of **45** patients per day.

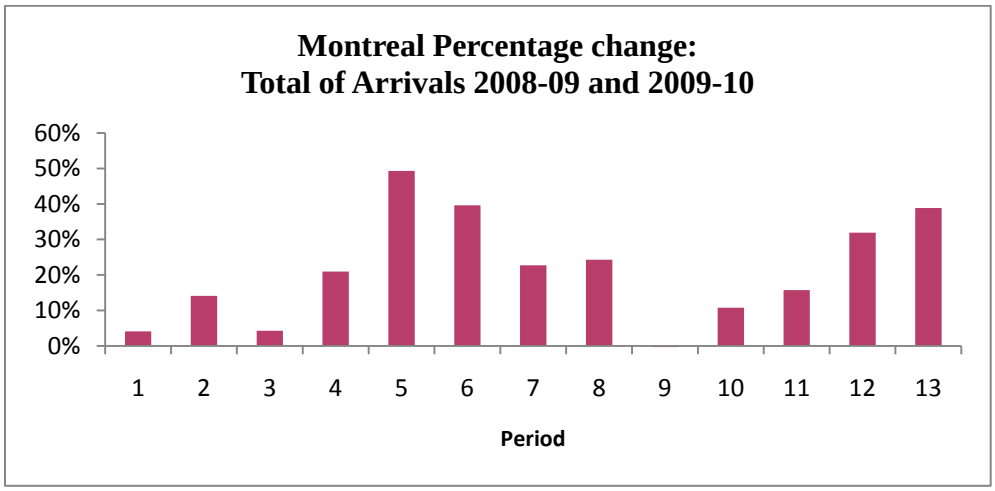
CPS MONTREAL
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YR 00-01	YR 01-02	YR 02-03	YR 03-04	YR 04-05	YR 05-06	YR 06-07	YR 07-08	YR 08-09	YR 09-10
1756	1854	2052	2093	2333	2594	2760	2591	3218	3980
% INCREASE PER YEAR									
34.97	5.47	10.80	2	11.47	11.19	6.40	(-6.12)	24.00	21.00

The social worker was involved in lot of cases this year we don’t have any statistics to provide (over work) The presence of a social worker is a valuable assistance and support to the youth protection workers, which helps decrease travel time from the communities.

The 2 northern establishment statistics are not all compiled.





Cree Patient Services Chibougoumou

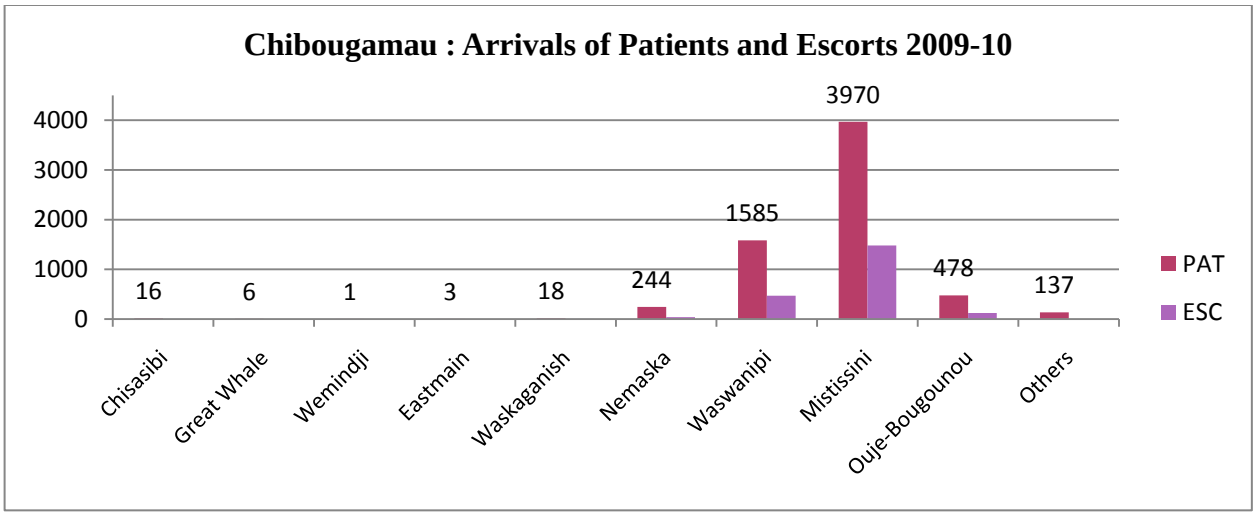
This office is situated in the hospital Chibougoumou where are employed six (6) full time positions; 1 administrative agent, 3 northern establishment attendants, 2 liaison nurses. The positions are all filled up. The head CPS Montreal - Chibougoumou covers this unit at a distance. This year again, they received **45 %** of all arrival of CPS; they received **8575** clients, an increase of **4%** from last year.

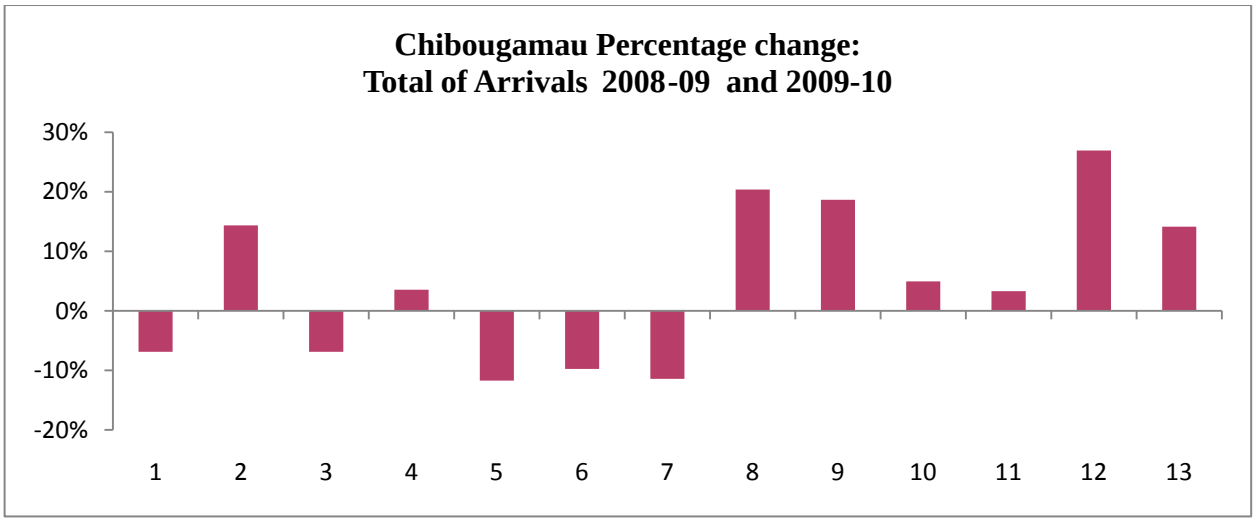
CPS CHIBOUGAMAU

NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YR 00-01	YR 01-02	YR 02-03	YR 03-04	YR 04-05	YR 05-06	YR 06-07	YR 07-08	YR 08-09	YR 09-10
6307	7533	8287	9002	7814	7571	7586	7119	8240	8575
				% INCREASE PER YEAR					
3.53	19.44	10.00	8.63	(-13.19)	(-3.11)	0.20	(-6.16)	9.00	4.00

The relocation of the CPS office in the hospital Chibougoumou did not happened.


Chibougamau : Arrivals of Patients and Escorts 2009-10
4000
3000
2000
1000
0
16
6
1
3
18
244
1585
3970
478
137
PAT
ESC
Chisasibi
Great Whale
Wemindji
Eastmain
Waskaganish
Nemaska
Waswanipi
Mistissini
Ouje-Bougounou
Others


Chibougamau Percentage change:
Total of Arrivals 2008-09 and 2009-10
30%
20%
10%
0%
-10%
-20%
1
2
3
4
5
6
7
8
9
10
11
12
13

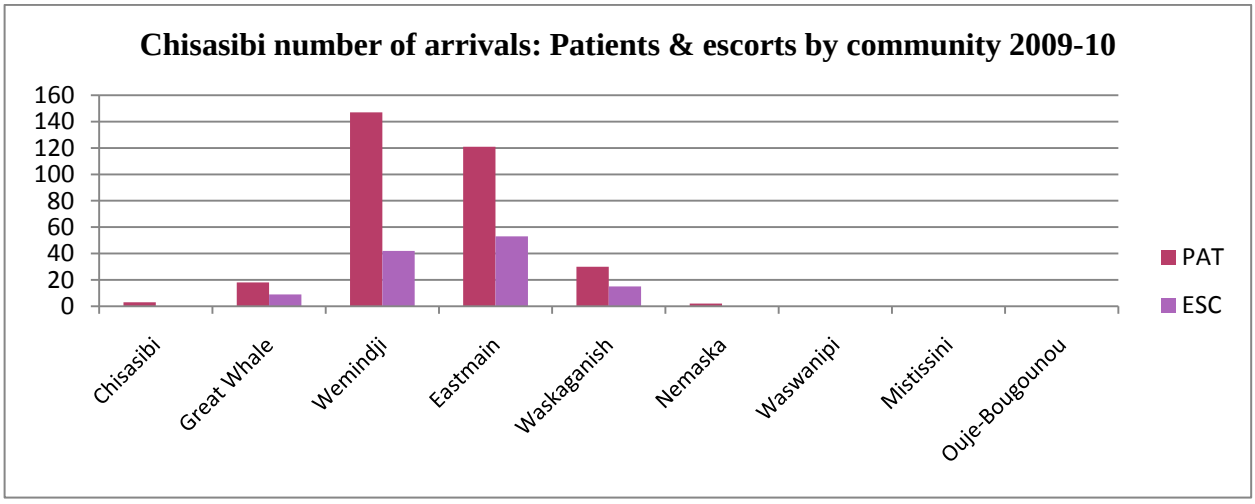
CPS Liaison Chisasibi **(Under hospital administration)**

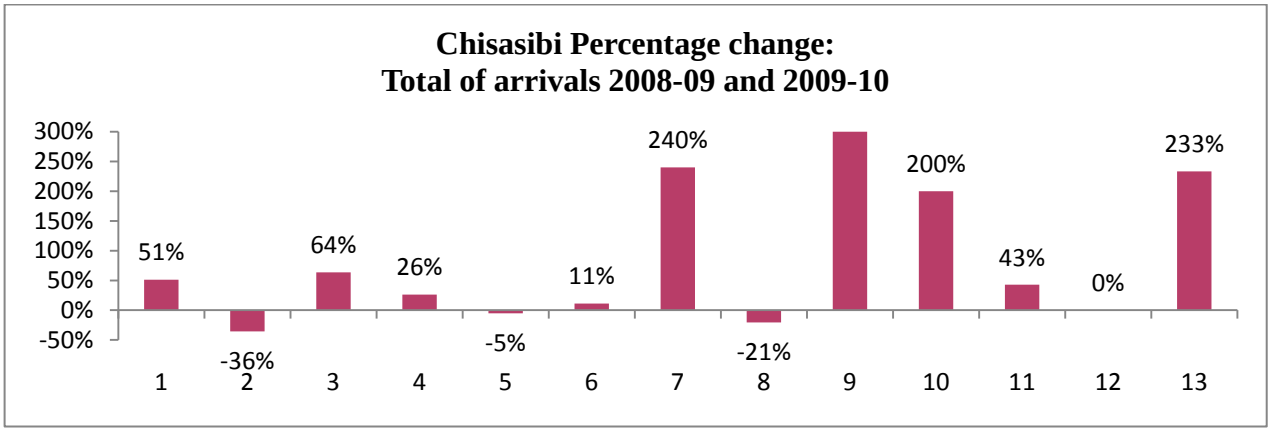
From the statistic, this unit received **440** clients; an increase of **59%** from last year.

Cree Patient Services Chisasibi

NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YR 00-01	YR 01-02	YR 02-03	YR 03-04	YR 04-05	YR 05-06	YR 06-07	YR 07-08	YR 08-09	YR 09-10
899	1224	1295	921	879	875	813	324	276	440
% INCREASE PER YEAR									
24.86	36.15	5.8	(-28.88)	(-4.56)	(-0.46)	(-7.09)	(-60.15)	(-15.00)	59





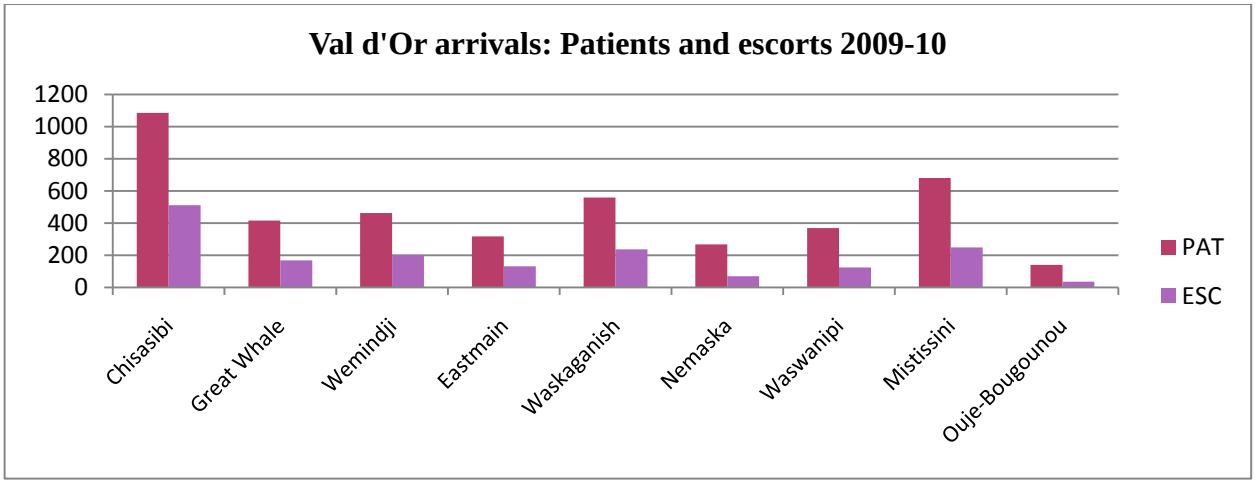
Cree Patient Services Val d'Or

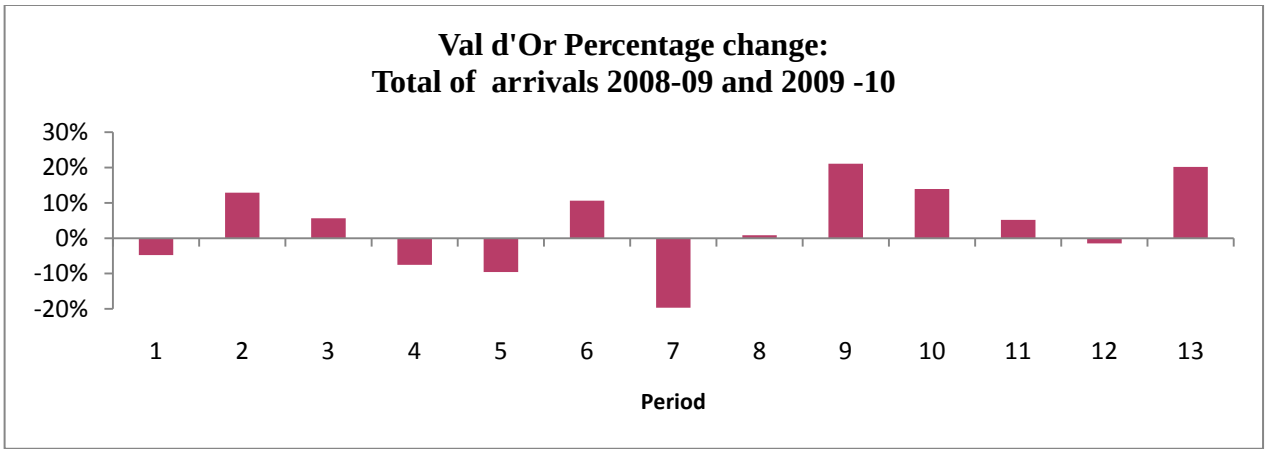
The office is situated in the hospital Val d'Or where we have as employees; 1 head, 1 executive secretary, 1 administration technician, 7 liaison nurses, 1 social worker, 3 medical secretaries, 1 receptionist, 3 northern establishment attendants, 1 administrative agent for the computer software, 1 part time secretary, 2 drivers full time, 2 drivers part-time and some occasional employees. The new position of administrative technician was approved and filled by January 2009.

This unit received **31%** of all arrivals, a total of **6022** clients and an increase of **3%** from last year.

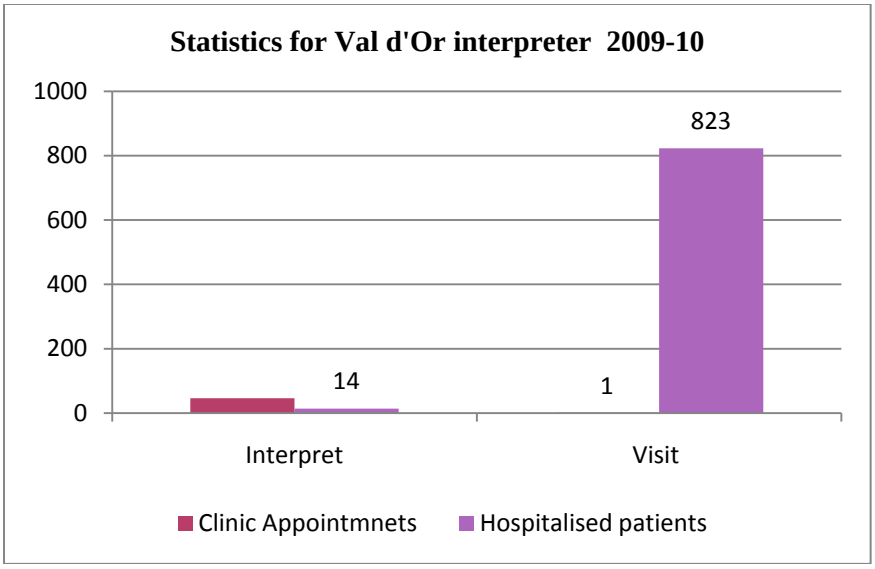
CPS VAL D'OR
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YR 00-01	YR 01-02	YR 02-03	YR 03-04	YR 04-05	YR 05-06	YR 06-07	YR 07-08	YR 08-09	YR 09-10
4061	4177	4559	5010	4868	5330	5314	5462	5847	6022
% INCREASE PER YEAR									
22.1	2.86	9.15	9.89	(-2.83)	9.49	(-0.30)	2.79	7	3





There were **143.50** hours spent with patients by interpreters, including clinic and hospital.

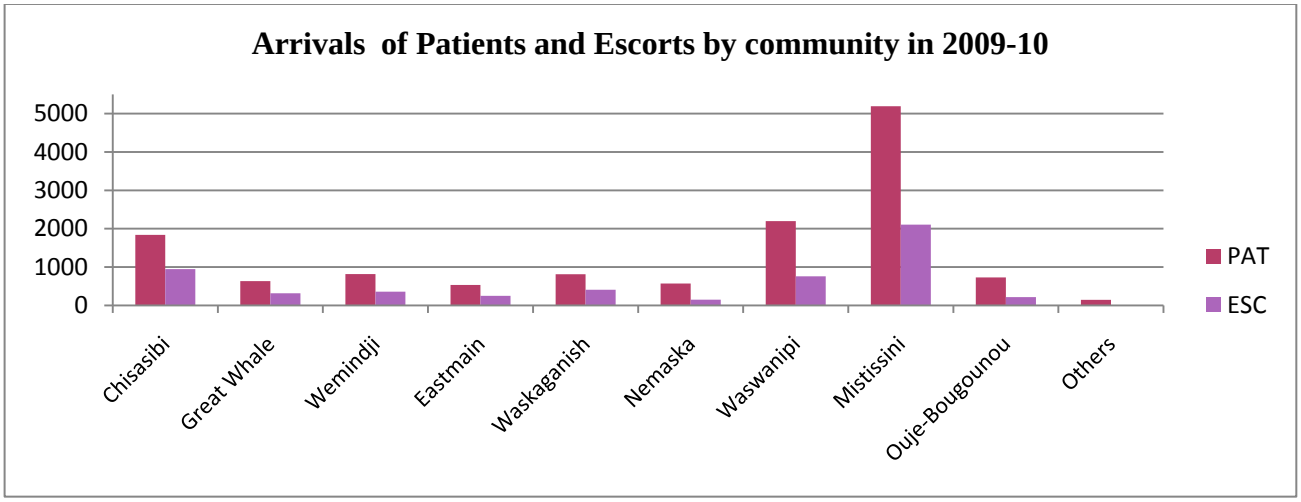


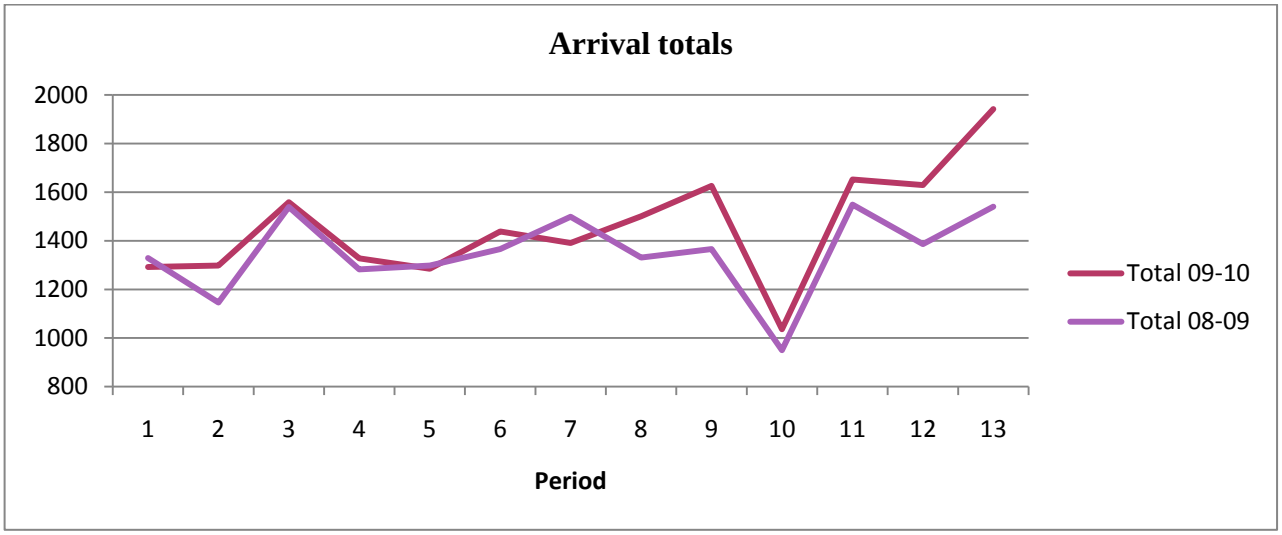
ALL PATIENTS SERVICES

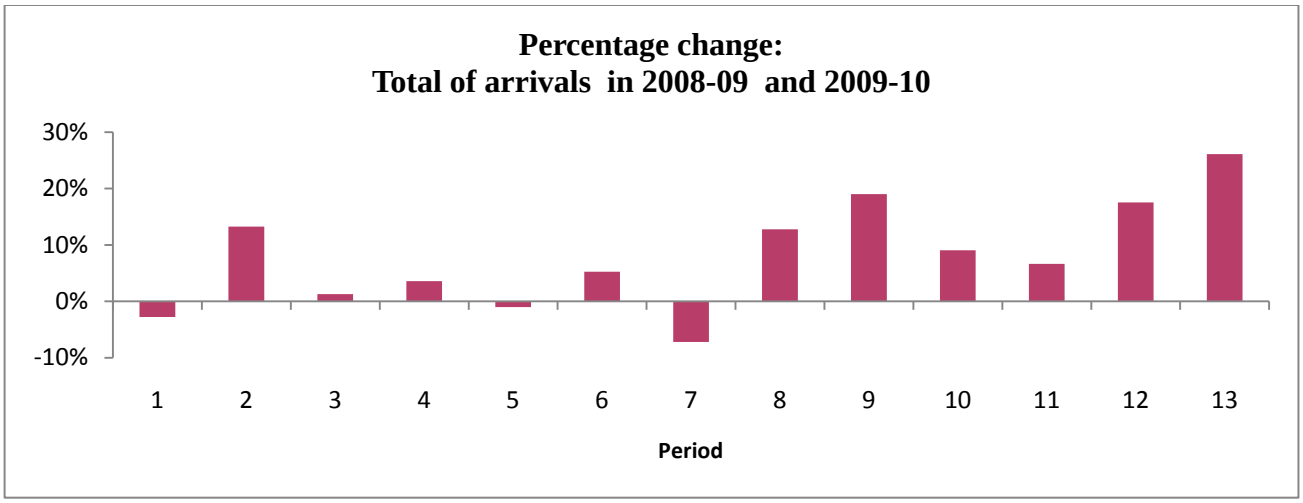
The total arrivals of patients and familial escorts to the 3 points of CPS and Liaison department in Chisasibi were **18977**, an increase of **8%** from last year.

All CPS
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YR 00-01	YR 01-02	YR 02-03	YR 03-04	YR 04-05	YR 05-06	YR 06-07	YR 07-08	YR 08-09	YR 09-10
12 708	14 786	16 193	17 026	15 930	16 370	16 473	15 496	17 581	18977
% INCREASE PER YEAR									
11.09	16.35	9.52	5.14	(-6.44)	2.76	0.63	(-5.93)	13	8







The request ‘’Other Circumstances” is filled out when a client medically requires a familial escort and do not conform to the approved circumstances of the NIHB transport policy. **No compilation for Montreal**

In collaboration with the I.T. department the CPS software is under development and should be **delivered in fall 2010**.

The philosophy prone by the CPS is based on respect and equity for everyone. We are promoting autonomy for all patients, and we know that an important step towards that goal is to provide information to the clients.

DPS-Medical / RMUA Office

The management of medical, dental, and pharmacy services and care is a constant challenge in a context of scarce, qualified and experienced health professional providers and managers. A significant and continuous amount of time is spent to obtain the minimal number of required clinical staff to deliver first line or specialized services and care. At times, the efforts are insufficient and unfortunately, some services usually available in the communities have to be postponed or dealt with out of our region.

The CBHSSJB was fortunate to have retained the services of Dr Guy Bisson in March 2009 as medical advisor on a part time basis and is now privileged in having him fill in the DSP-M_RMUA functions on a full time status as of February 2010.

For reasons mentioned at the beginning of this report and others that will be mentioned, the number of services agreements concluded with partner establishments located in the Abitibi/Témiscamingue, Chibougoumou and Montreal regions were less than expected. On the other hand, a better understanding of the needs and concerns of parties involved were determined during the year. This will hopefully result in more comprehensive and sustainable agreements in the future.

Nevertheless, the DSP-M_RMUA office did manage to advance on several active dossier such as:

- May 2009: signing of a services agreement with Constance-Lethbridge Rehabilitation Center (CLRC). This agreement provides access to second line services and care related to the provision of devices and treatment which compensates or reduces impairments of patients with physical disabilities;

- May 2009: submission of financial report to MSSSQ regarding the FMR program relative to the funding framework guidelines that sets out monetary and training incentives to recruit or retain doctors in isolated regions;

- May 2009: signing of a one year dental software update maintenance agreement with AbelSoft;

- August 2009: conclusion of negotiations and signing of a services agreement for the provision of endodontic services, care, and treatment in R-18;

- September 2009: conclusion of negotiations and signing of a services agreement with McGill University Health Center providing access to microbiology expertise and quality control services in R-18;

- September 2009: submission of financial report to MSSSQ regarding the PFMD program relative to medical resident training program in Region 18;

- October 2009: submission of written agreement of the CBHSSJB to participate in an inter agency consortium to purchase electronic access to library clinical information for reference purposes by concerned health professionals;

- October 2009: research and exchange of correspondence relative to the financing of knee and hip replacement surgeries carried out by the Centre de santé et des services sociaux Les Eskers de l'Abitibi;

- November 2009: submission of a request to MSSSQ for the renewal of locum doctors replacement periods in R-18. Authorization was received in Nov 2010;

- December 2009: research and request submitted to the "*Commission administrative des régimes de retraite et d'assurances"* (CARRA) to exclude salaries from retirement income received by retirees returning to work part time in the public sector. Request denied in February 2010;

- December 2009: research and negotiations completed with CLRC leading to CPDP and Board resolutions recommending granting of specific privileges to certified general practitioners in R-18 to prescribe devices for physically impaired beneficiaries (Board resolution was adopted in March 2010);

- January 2010: research and discussions with Montreal Agency R -06 related to securing access to rehabilitation services for post AVC/ACV and amputee patients of R-18. Written Services agreement to be concluded in 2010-2011;

- February 2010: drafting of an agreement with a private clinic to access magnetic resonance imaging exams required by large or claustrophobic patients;

- February 2010: submission of a reviewed draft agreement for remote access to patient medical data from the McGill University Health Center facilities through their data bank (Platypus);

- March 2010: signing of an agreement related to the field training of dental hygienist students from the CEGEP of Saint- Hyacinthe in Region 18;

- March 2010: drafting and submission of a proposed services agreement with McGill University Health Center to access haematology expertise and quality control services in R-18:

Ongoing Affairs in 2010-2011

A certain numbers of active files in 2009 -2010 were not concluded as expected. Amongst other events, the sudden H1N1 influenza pandemic throughout R-18 and other regions of the province monopolized a significant number of health providers and managers in our organization as well as within establishments with whom we are associated in providing health services and care to beneficiaries in our region. Consequently, discussions and negotiations concerning the development of an official services contract with participating public health establishments or private health care clinics, or individuals will either commence or continue for the incoming year in the following clinical areas:

- Ophthalmology_ Optometry _ Optical care and services discussions ongoing with RUIS McGill establishments' network and other health care providers. Ophthalmologists' visits greatly reduced in

2009 and none carried out so far in 2010. Main issues: remuneration and availability of specialists / outdated equipment which reduces productivity;

- Diagnostic radiology interpretation by radiologists. At time of reporting, non emergency services have been postponed. Main issues: remuneration and availability of specialists / outdated remote reading equipment;

- Telehealth dermatology agreement. Services presently provided. Discussions on written agreement ongoing. Foreseeable issues: remuneration and availability of specialists;

- General services and care agreement with the Centre régional de santé et de services sociaux de la Baie-James, R-10. Draft agreement completed. Signatures expected end of April or beginning of May 2010 which will begin discussions and negotiations on specific agreements in the following months;

- General services and care agreement with the Centre de santé et des services sociaux de la Vallée de l'Or. Health care and services are presently provided to beneficiaries of R-18 in Val d'Or Hospital. Written agreement required. Discussions planned to begin in 2010;

- Orthopaedic agreement with Centre hospitalier Hôtel Dieu d'Amos needs to be reviewed. Present agreement limited to provide remote X-ray reading as well as specific orthopaedic surgeries in the Hospital Centre. Visits from specialist in R-18 have been suspended since 2007. Main issues: availability of specialists / funding for knee and hip surgeries;

- Present nephrology agreement between MUHC / R10 / R18being reviewed. CBHSSJB concerned departments presently reviewing proposed agreement received from MUHC in April 2010. Signing of new agreement expected in 2010;

- A pilot project to monitor and diagnose sleep apnea will start in 2010 to identify subjects with this disorder, which is an independent risk factor for hypertension, myocardial infarction, cerebral-vascular disease and nocturnal sudden death;

There were no changes in the Heads of Department. The main activities are highlighted in their respective annual reports. Telehealth applications in 2009-10 remained in a development mode in R-18. Mrs Céline Laforest left the CBHSSJB last fall and Dr Guy Bisson replaced her as a member on the RUIS-McGill Telehealth Coordinating Committee.

Michel Plouffe
Administrative Director of Professional Services Medical

Miyupimaatisiiun Group: Community Miyupimaatisiiun Centres (CMC)

The following report presents a compilation of the nine (9) CMC annual reports. The data has been reformatted for uniformity. The order of communities is alphabetical. The summary below lists some of the main needs and challenges raised by individual communities.

Summary

By and large the most pressing issue for all communities is **personnel**. Most communities have a significant number of **vacant posts** that still need to be filled. Waswanipi has not had a school nurse for two years and they do not have a permanent doctor.

There is a great need for a **procedural manual** especially in **Social Service**. There is great confusion between what the workers roles and duties are and what community members expect. A **better communication** is needed. Issues of client files and privacy have also been identified by some communities.

Lack of **office space and material resources** is also significant, although some communities are in the process of building or extending the existing clinics.

Training is another issue that is brought to attention, especially for replacements in Social Service and Home and Community Care. Some communities require training in using **Health Canada's statistic data compilation software**.

Most communities have difficulties implementing the plan for integrated services either because of lack of personnel or because no clear direction is given from the Board level.

Finally it is highly recommended that a **reporting template** for yearly reports be developed to facilitate the final compilation. Not two communities report their activities in the same way. This makes it virtually impossible to develop any comparisons between communities. This is especially important for **overall data compilation**. For example some communities report detailed data on social service activity, while others do not include any specific data. Moreover some communities report the data according to the new integrated service plan while others are still using the old system, which makes it very difficult to devise a uniform report.

Chisasibi Community Miyupimaatisiiun Centre

The Chisasibi C.M.C. mission statement is to ensure all community members receive proper care and services.

In the last five years, we have gradually implemented integrated services for the three-age groups:

Awaash Miyupimaatisiiun: This sector gives service to children aged from new born to 9 yrs.

Uuschinitsuu Miyupimaatisiiun: This sector gives services to youth aged from 10-17 years old.

Chishayiyuu Miyupimaatissiun: This sector gives services to young adults to elders 18 years and over.

Administration
This sector ensures the administration of the C.M.C. is well in place and also supervises the support staff of all other departments which are under the CMC Local Director

Administration is composed of the following:

1 Local Director
1 Coordinator of Administrative Unit
1 Coordinator of Awash Miyupimaatisiiun
1 Coordinator of Uschiniichisuu Miyupimaatisiiun
1 Coordinator of Chishaayiyuu Miyupimaatisiiun
2 Administrative Officers class II
1 Administrative Officer class 1
1 Housekeeping Heavy
2 Housekeeping Light
1 Maintenance Worker

Vacancies: 2 Administrative Technicians, 1 Administrative Officer, 1 Medical Secretary.

Awash Miyupimaatisiiun

Despite various challenges, we continue to deliver programs such as Maternal Child Health in the following areas: pre-natal and postnatal services, nutrition, breastfeeding support, immunization, sexual health, oral health and genetic counselling.

A needs analysis was carried out regarding our current services to young families. We are also aiming to meet the emerging and more complex needs of our targeted clientele with the implementation of Amaskuupimatiseat Awash. Consequently the programs are carried out with an integrated service approach and in collaboration with the Head Start Program and other entities.

Awash Miyupimaatisiiun Staff

Current	Vacant
Coordinator of Awash Miyupimaatisiiun	3 CHRs
3 CHRs	
Nutritionist (Prenatal) - shared	2 Social Worker for Healthy Babies
Attendant in a Northern Establishment	Community Worker
	4 Nurses
	Community Organizer

Uschiniichisuu Miyupimaatisiiun

Uschiniichisuu Miyupimaatisiiun oversees the services to youth aged from 10-17 years old.

The Uschiniichisuu program has gradually progressed in the past year; we were able to implement the Healthy School Program. As well as promoting prevention activities, such as Quit Smoking campaign in the schools, Chi keyah program which promotes healthy relationships and healthy sexuality.

Uschiniichisuu Miyupimaatisiiun Staff

Current	Vacant
Coordinator of Uschiniichisuu	3 CHRs
NNADAP	Clinical Nurse Uschiniichisuu
Community Worker-Outreach	Northern Attendant
School Nurse	
Social Worker-School (interim)	
2 Community Worker (in progress)	
Nutritionist (in progress)	

School Well-Being Program

The Healthy School Program as it is also known continues to respond to the individual needs of students on health issues and public health education programs.

School Nurse		School Social worker	
Caroline Fournier, New school nurse hired March 29, 2010		Kim Hoa To, interim social worker	
Vaccination (PPD)	62	Files opened	34
Nursing care	148	Active files	15

Community worker – outreach

The community outreach worker was involved in the following program: Youth Outreach Workers Program with NNADAP - Alcohol and Suicide; Youth Development Coordinator get-together - Presentation on Bullying at school; Special Needs Training in Montreal - Winter Wellness Gathering helper; National Native Addictions Awareness Week Preparations - Non-Violent Intervention training; Workshop on Teenage Pregnancy - Winter Youth Outreach Workers Program; Attend Dialogue for Life Conference in Montreal - Substance Abuse; Crisis Response Team - FASD training.

National Native Alcohol and Drug Abuse Program

Currently, the program is monitored under Uschiniichisuu; it continues to provide counselling, referrals and aftercare to its clientele.

Clientele		Source of referral		Counselling		Case movement	
Youth	20	Self	44	Alcohol - Drugs	6	Evaluation	2
Adults	30	Medical	2	Aftercare	1	Follow-up	6
Couples	0	Family	2	Marriage	6	Treatment	0
Family	0	Other	6	Individual	43	Potential	43

Chishaayiyuu Miyupimaatisiiun

The Chishaayiyuu Miyupimaatisiiun aims at providing integrated services for young adults to Elders and clients with special needs. This includes interventions for chronic conditions, the home and community care program and the multi-services day center. The development and implementation of the program is still in progress.

We know have adequate office space at the social service trailer with recent renovations; we were also able to order adequate equipment.

A needs assessment was carried out by the health care professionals with regards to chronic care. Ongoing discussions are taking place with the Chishaayiyuu Miyupimaatisiiun under Public Health to complete the preparation of a clinical activities program manual.

Home and Community Care Program

We have increased follow-ups for home care clients new schedules were also put in place to meet the clients' needs. We have also revised and standardized the assessment tools to improve communication within the various professional teams.

There is indeed a high need for **formal training for frontline workers**.

Home and Community Care Staff

Current	Vacant
8 FTE Health and Social Services Aides (home care workers) 1 FTE Physiotherapist (hospital) 1 FTE Occupational Therapist 1 FTE Clinical Nurse 1 FTE Community Worker (federal) 1 FTE Nurse HCCP (federal) 1 FTE Rehabilitation assistant (federal)	1 FTE Physiotherapist (federal)

Home and Community Care Services

Services	Clients	Hrs
Home visits	1127	17401
Personal care		15990,5
Medical visits		7
Rehabilitation	60	579,25
Nursing care		824,4
Acute care	8	
Ongoing care	48	

Multi-Services Day Centre

The purpose of the Multi-Services Day Centre is aimed at improving the physical and mental well-being of the clients. It provides rehabilitations services as well as psycho-education services.

We know have adapted transportation available for the MSDC clients. We continue to promote the MSDC programs to attract clients to our services.

The MSDC kitchen is still not in service, the electrical system needs to be modified.

Multi-Services Day Centre Staff

Current	Vacant
1 FTE Activity Team Leader	1 Occupational therapist (shared with Whapmagoostui)
2 FTE Psychoeducator	1 FTE Speech-Language Specialist (person hired but will start in June 2010)
2 FTE Rehabilitation monitors	
2 FTE Education monitors	
1 FTE Human relations officer	
1 FTE Activity Team Leader	
2 FTE Psychoeducator	

Rehabilitation Services

Regular meetings are held with all rehabilitation professionals on the territory including training and awareness activities. We participated in the implementation and applying of MSDC policies and procedures.

The recruitment and retention of professionals in rehabilitation services remains difficult. Professional updating as required by the professional order is difficult to maintain in remote regions.

Rehabilitation Services Staff

Current	Vacant
1 FTE Physiotherapist (hospital)	1 FTE Physiotherapist (home care)
3 FTE Rehabilitation Monitors	1 FTE Occupational Therapist (MSDC)
1 FTE Occupational Therapist	1 FTE Speech-Language Pathologist (recruited, to start in June 2010)
1 FTE Psychoeducator	

Psychoeducation Services Activity

Referral	Number of Clients	Total hours for non-MSDC activities
HCCP	10	20.25
Hospital	9	30
Social Services	2	11.5
CRRC	3	7
School	2	0
Day Care	2	7
Community Health	4	24.75
Total	26	100.5

Occupational Therapy

Referral	Hrs	Visits
Clinic	44,25	25
MSDC	23	14
Hospital	185	121
Home Care	323,5	212
Pediatric	132,5	67

It is noted here that only one of two Occupational Therapist positions is filled in Chisasibi, prioritization had to be done in order to cover the services at the Clinic, MSDC and Paediatrics.

Physiotherapy

Referral	Out-patient PT	HCCP + MSDC PT
New	104	14
Discharges	57	21
Clinic visits	512	15
Home visits	5	69
Day care/school	0	17
Did not attend	76	7
Cancelled	27	4
Direct Care time (total)	418.25 hrs	177.6 hrs
Non-Direct Care Time (total)	206.75 hrs	84.5 hrs

Current Services

This year proved to be a very challenging year with an increase in prenatal clients and this also meant more home visits and interventions for the nurses and CHRs. 122 births were recorded this year with 2 twin births.

H1N1 vaccination campaign was also a huge success with 92-94 percent of the targeted population received the vaccination compared to 45 percent for the rest of Canada.

	Consultations				
	Qt 1	**Qt 2**	**Qt 3**	**Qt 4**	**Total**
Nurses	1761	1699	5544	2984	**11988**
Doctors	589	411	761	682	**2443**

Community Health Representative

Individual client visits*		**Number of clients**	
Clinic	1564	Clinic	1412
Home	190	Home	48
School	590	School	215
Group	1161	Group interventions	1518
		Individual interventions	1147
		Hours	414

** Referrals from Well Baby clinic, prenatal, diabetes, elders programs*

Type of Activities	***Groups***	***Participants***
Diabetes Screening	3	124
Baby Food Workshop	1	5
Breastfeeding Week	1	9
Nutrition Diabetes Bingo	1	73
Summer Camp Activities(Smoking)	4	45
Hip Hop Dance Diabetes	1	80
Traditional Dance	6	96
Diabetes Walk	1	60
Swimming Activity teens	1	19
Swimming for all ages	1	91
Beach Volleyball	1	17

Chishaayiyuu Rubber Boot Softball	3	48
Traditional Food Feast	1	240
Focus Groups	2	11
Hand Washing Activities	48	495
Dental Activities	5	83
Mini-Medical School Workshops	4	22
Cooking Workshops	2	14
Healthy Snack Booth Arena		100

Social Services/CLSC

CLSC services consist of three frontline workers of which the 3rd worker was hired recently on March 22, 2010.

Consultations / Interventions

New/Potential files	200 +	Notes
Active Files	282	
Semi active files	176	
Out of town files	20	
Closed files	51	from NNADAP services to transfer to CLSC still to be opened
Non-beneficiaries	3	
Suicides	2	
Suicide attempts	64	
S-5 Placements	50	2 out of town placements under rehabilitation plus 3 local placement under rehab
Court cases	28	1 non-beneficiary (non-native) and 1 out of town (non-beneficiary), 1 non-beneficiary
Food bank needs	70	
Gambling requests	2	
Total	686	

In conclusion I acknowledge the great work provided by my team we will continue to provide services although we face many challenges in many areas.

Jules Quachegan
Local Director
Chisasibi CMC

Eastmain Community Miyupimaatisiiun Centre

Throughout the last year, we have provided services and programs considering the limited available resources we have at a local level. The Eastmain CMC team has been able to pull together and assist each other during crisis situations.

The cooperation of the staff during the H1N1 pandemic has to be acknowledged. The level teamwork showed the commitment and dedication in working for the community.

Administration

The full management team has been in place since March 2010.

1 Local Director
1 Coordinator of Chishaayiyuu/Current Services
1 Coordinator of Awash/Uschiniichisuu
1 Coordinator of Administrative Unit
1 Administrative Technician

Awash/Uschiniichisuu Miyupimaatisiiun

With the recent hiring of the coordinator of Awash/Uschiniichisuu we anticipate to have the programs and services in place within the coming year.

Current Services/Chishaayiyuu Miyupimaatisiiun

The Coordinator of Current Services/Chishaayiyuu Miyupimaatisiiun was hired last January 2010 and is presently on leave which makes it difficult to implement this program. With present staff, we were to continue to provide services in the following areas:

Home and Community Care Program

At the present time, the CLSC worker is responsible of the program with 2 home care workers (status 1) and 1 Home care worker working pending on the need of the clientele.

Home and Community Care Program

Clientele	15
Interventions	5088 (hrs)

Multi-Services Day Centre

Services at the MSDCS are provided 4 days/week to 16 clients. The MSDC has a new adapted vehicle for client transportation.

MSDC Staff

1 Activity Team Leader
1 Rehabilitation Monitor
1 Education Monitor
1 Cook
1 Assistant Cook
1 Housekeeping light and heavy (replacement)
1 Maintenance worker

MSDC visits and interventions

Clientele	2909
Interventions	508

Current Services

At the present time we have 2 permanent full time nurses and 2 replacement nurses. There is no permanent head nurse as such this is done on a rotation basis between the nurses with seniority.

Staff under Current Services

Current	Vacant
2 Full Time Nurses 2 replacement nurses 2 Permanent Northern Beneficiary Attendants 1 General aide 1 CHR 1Full time light house keeping 1 Full time dentist 1 Dental Assistant (status 5) 1 Dental Receptionist (Status 5) 2 Doctors (visits every two to three weeks) 2 Psychologist (Visits every month)	FTP Head nurse

	Consultations	
	Curative	Program
Nurses	8119	892
Doctors	374	439

Specialists

We have various specialists visiting the community several times a year such as Denturologist, Optometrist and Paediatrician. We also have a Foot Care Nurse that comes in three times a year for diabetic clientele and others.

Specialists	Consultations
Dentist	827
Denturologist	24
Paediatrician	126
Foot Care	117
Optometrist	19

Community Health Representative

The CHR provides services on the diabetes program, prenatal and gestational program, school and bush kit programs.

CHR interventions

Clinic	412
Home	20
School	3
Group	74

National Native Alcohol & Drug Addiction Program

NNADAP works in collaboration with CHR in implementing prevention activities. This year Eastmain NNADAP co-hosted the Regional NNADAP conference.

NNADAP services

Clientele	44
Interventions	77

The lack of office space should be resolved with the construction of a new Community Miyupimaatisiiun Centre for Eastmain. This will improve all services as the team will be working under the same facilility.

Rita Gilpin
Local Director
Eastmain CMC

Mistissini Community Miyupimaatisiiun Centre

For the year 2009-2010, the Mistissini CMC has been providing integrated services to its clientele. It is a big challenge for the team because presently our personnel are working in three different locations within the community.

The construction of the new Mistissini Community Miyupimaatisiiun Centre started in August 2009 and will be finished in May 2011.

Administration

Partnerships that have been established with various departments within the community under the Council of the Cree Nation of Mistissini are still active in their role to help us deal with issues that affect the community as a whole.

The administrative team of the Mistissini CMC consist of the following;

1 Local Director
1 Administrative Technician
1 Executive Secretary
1 Coordinator of Administrative Unit
1 Coordinator of Awash Miyupimaatisiiun
1 Coordinator of Uschiniichisuu Miyupimaatisiiun
1 Coordinator of Chishaayiyuu Miyupimaatisiiun
1 Coordinator of Current Services

Awash Miyupimaatisiiun

The Amaskuupimatiseat Awash is one of the programs that has been in place for two years now and its mission is to improve the quality of life for children and young families through individual, group and community efforts addressing the medical, social, environmental and cultural issues that affect their well-being.

Awash Miyupimaatisiiun Team

4 nurses,
3 Community Health Representatives (CHRs)
1 Community Organizer

Amaskuupimatiseat Awash Programs

Interventions	3228
Home visits	586
Prenatal	33
Postnatal (24-48hrs)	136
Postnatal (after 48hrs)	216
Breastfeeding	61
Baby weight follow up	129
Well Baby Program	
Contraception	11

A nutrition clinic has been integrated in the Well Baby Program under the umbrella of Amaskuupimatiseat Awash Program. This service has started in June 2009 by the Nutritionist and the Community Health Representative (CHR). The highlight of this service is the demonstration of the Baby Food Making.

Training

Team accompaniment: provided by a psychologist;
Intervention plan: provided by a McGill University Professor
Nipissing and ASQ-SE: provided by a Psycho Educator
Nutrition: provided by a Nutritionist

Uschiniichisuu Miyupimaatisiiun

The objectives set for the Uschiniichisuu team to work on in partnership with different sectors in the community are:

1. Promote sexual integrity that prevents teenage pregnancy, intimate partner violence, sexual abuse, and sexually transmitted infections;
2. Empower youth in learning and developing personal and social skills that prevent problems that cause violence, alcohol abuse, drug abuse, solvent abuse and mental health problems;
3. To provide knowledge, resources, support, health care, relationship skills and structures that help young parents to stay intact and maintain their mutual roles and responsibilities towards their children;
4. To promote the adoption of healthy lifestyles preventing chronic diseases.

Uschiniichisuu Miyupimaatisiiun Team

1 School Nurse,
1 Community Health Representative (CHR) for the School Program and
1 NNADAP worker, who program joined the team this year, he was transferred from the Social Services Sector.

Healthy School

Healthy School Activities

Sexual integrity (group)	21
Family challenge	360
H1N1- class presentation	48
CLE/CE presentation	7
Healthy lifestyle	26
Youth clinic	119

Chi-keyah

Chi-keyah is a two (2) credit sexual education course offered to secondary III students and this is the second year that the school in Mistissini offered the course. The results have been very positive.

Youth Clinic

The mission of the Youth Clinic is to provide a safe and confidential space for youth health. The team offers services by appointment or walk-in clinic for consultations regarding health, sexuality, contraception, psycho-social interventions, etc. It aims to help youth move successfully towards a healthy adulthood. The services are offered to the youth 14 years and over. The team consists of a nurse and CHR and they call upon other resource persons and/or professionals that can best support the youth.

National Native Alcohol & Drug Abuse Program

We are still in a transitional phase where integrated services are concerned, as part of the transition phase, the NNADAP program was transferred to the Uschiniichisuu Miyupimaatisiiun department.

Youth Outreach Program implemented during the summer of 2009 – duration of 6 weeks (July 10 to August 16) and also during the Christmas holidays (December 24, 2009 to January 03, 2010). Four workers (2 male & 2 female) were hired under the Youth Outreach Program.

NNADAP interventions

Group	16
Individual	13
Co-programming with the Youth Centre	1

We also implemented the National Addictions Awareness Week done from January 17 – 21, 2010.

Chishaayiyuu Miyupimaatisiiun

Integrated services are the new vision and approach that the Chishaayiyuu Miyupimaatisiiun team has to develop and apply in their practices. It has been a great challenge for this team and still is.

Training
Non-violent Crisis Intervention Refresher provided by Psycho-educator
Suicide prevention conference

Home and Community Care Program

As part of the transition this department was moved to the Multi-Services Day Centre where they work in collaboration with the MSDC team.

Home and Community Care Program Team

2 Nurses
1 Community Worker
1 Rehabilitation Monitor
1 Occupational Therapist
7.5 Homecare Workers

Home and Community Care Services

Home visits	17369
Homecare (hrs)	33389,75
Clients	745
Average home visits	23
Average homecare (hrs)	45

Multi-Services Day Centre

In order to attain their objectives, the MSDC offered grieving workshops to help the participants and the staff come to terms in losing former participants.

To access services of the MSDC an adapted vehicle was purchased to provide transportation to the clients that have mobility restrictions.

Multi-Services Day Centre Staff

1 Activity Team Leader
2 Education Monitors
1 Psycho-educator
1 Physio-therapist
2 Rehabilitation Monitors
1 Secretary
1 Cook
1 Assistant Cook
1 Food service Attendant

Training

Safe Food Handling
Non-violent Crisis Intervention

Activities

- Cooking workshops on a weekly basis to teach participants healthy eating habits;
- Organized brunches;
- Trips for the participants to get to know the staff and support team building;
- Presentations done at the community level during the Community Wellness week as an awareness of MSDC activities;
- Community integration activities with other entities in the community.

Current Services

Staff under Current Services

Current Services	Community Health
7 nurses 1 Liaison nurse 3 CHRs 4 Attendants in a Northern Establishment 2 Secretaries 3 Permanent Doctors 1 replacement (*depanneur*) Doctor	2 Nurses on a rotation basis from the current services 1 CHR on a rotation basis from the current services) 1 Attendant in a Northern Establishment

Consultations				
1st visit	Follow-up	Curative	Program	Transfer
11729	10141	16699	5151	213

Nursing	21851
Medical	648
Observation hours	583
CHR	1020
Other consultation	
Foot care	648
Pediatrician	190
Psychiatrist	35
Total clients	24003
MSDC	29

Conclusion

Discussions have taken place as to the transition plan and clinical plan of the new CMC since we will be providing integrated services and the personnel for each age group will be working in their own respective sectors. Moreover, this new CMC will have a Dialysis Unit with 6 chairs to accommodate the Haemodialysis clientele of the community, a Radiology Unit and a Laboratory.

Thank-you to all the personnel of the Mistissini CMC and others who have assisted us in any way, without your dedication and hard work, we wouldn't be where we are today and that is being able to see the new CMC in construction and knowing that we will be working together under the same roof.

Annie Trapper
Local Director
Mistissini CMC

Nemaska Community Miyupimaatisiiun Centre

First and foremost, I would like to thank the Nemaska CMC personnel and others who have contributed and assisted in any way, whose, dedication, commitment, and hard work was focused to improve the health and well-being of our community.

Efforts are being made to implement the Strategic Regional Plan (SRP) to improve the needs for the community. A lot of work is still required to fully implement the integrated services to the clientele. Hiring of personnel is one of the most challenging components of the implementation delay, but that does not stop the existing personnel from providing adequate and quality services.

The first local (pilot) General Assembly was held on January 26 to 28, 2010 at the MSDC. The Participation rate was high. The objectives of the meeting were to familiarize the community with the services provided by the CHB, to discuss the service needs and challenges of the community, and devise a long-term plan.

And finally, the construction of the new CMC is scheduled in the fall.

Administration

The administrative team of the Nemaska CMC in composed of the following;

Current	Vacant	Support
PFT Local Director	PFT Coordinator of Administrative Unit	PFT Maintenance worker
PFT Administrative Technician (interim)	PFT Coordinator of Current Services/Chishaayiyuu Miyupimaatisiiun	PFT Driver
PFT Secretary (interim)		PFT General Aid in a Northern establishment
PFT Coordinator of Awash/Uschiniichisuu Miyupimaatisiiun		PFT Housekeeping

Awash/Uschiniichisuu Miyupimaatisiiun

We are in the process of implementing the integrated services under Awash / Uschiniichisuu Miyupimaatisiiun.

Current Services/Chishaayiyuu Miyupimaatisiiun

The position for the Coordinator of Current Services/Chishaayiyuu Miyupimaatisiiun is presently vacant. However, we continue to provide services in the following areas:

Home and Community Care Program

We continue to provide services to the population, although we have a lot of difficulties in recruiting personnel.

Home and Community Care Program Staff

Current	Vacant
TFT Community Worker	PFT Homecare Worker
PFT Homecare Worker	Rehabilitation Monitor
PFT Homecare Nurse	

Home and Community Care Services

Clients	12
Hours	1932

Multi-Service Day Centre

Multi-Service Day Centre Staff

Current	Vacant
PFT Activity Team Leader	Occupational Therapist
PFT Education Monitor	Psycho-educator
PFT Homecare Nurse	Human Relations Officer
PFT Secretary	Cook
PFT Housekeeping (light)	Assistant Cook
PFT Housekeeping (heavy)	
PFT Maintenance	

Activities

Apr	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec	Jan.	Feb.	March	Total
55	14	40	17	9	27	18	11	18	41	11	21	282

Current Services

The recruitment of nurses remains problematic for our community; therefore there has been a lot of replacement nurses from agencies this year at higher costs.

Staff under Current Services

Current	Vacant
3 PFT Nurses	PFT School Nurse
PFT Replacement nurse	PFT Nutritionist
PFT Beneficiary Attendant in a Northern Establishment	PFT Replacement nurse
PPT Beneficiary Attendant in a Northern Establishment	3 PFT CHRs
PFT Secretary	
PFT Doctor	

Consultations							
	Clinic	**School**	**Home**	**1st Visit**	**Follow - up**	**Curative**	**Program**
Nurses	6639	19	70	3031	3697	5885	843
Doctors	905	0	36	347	594	637	304

Total Consultations and Observation Hours	
Clients seen by nursing personnel	6728
Clients seen by medical personnel	941
Observation hours	75.70

Other Professional Consultations	
Paediatrician	49
Foot Care	54
H1N1 Vaccine	504

Transportation	
Urgent	43
Elective	525

Dental Services

The Dentist, Denturologist, and the Dental Hygienist visit the community on a regular basis throughout the year.

Dental Clinic Staff

Current	Vacant
PPT Dentist	**PFT** Dental Hygienist
PPT Dental Technician Assistant	
PPT Receptionist	

Consultations

Dental	610
Denturologist	14

Community Health Representative

The role and responsibilities of a CHR are not only challenging but also overwhelming for one individual. We command the hard work of the CHR.

CHR visits / consultations

Clinic	776
Home	62
School	39
Individual consultations	827
Group	463
Follow-up	132

Social Service/CLSC

There are two community workers, one under the Current Services / Chishaayiyuu Miyupimaatisiiun, and one under the Awash/Uschiniichisuu Miyupimaatisiiun.

Consultations / Interventions

Active Files	67
Referrals	215
Home & School Visits	610
Workshops	46
Suicide Attempt, threats, ideations	41

Youth Protection Staff

Current	Vacant
PFT Community Worker	PPT Secretary
PFT Foster Home/Young Offender worker	
PFT Team Leader	

National Native Alcohol and Drug Abuse Program

The NNADAP has been doing exceptionally well, although, there is only one Community Worker working under the program***. Because the workload was high*** it was almost impossible to implement prevention and awareness due to the crisis interventions. However, an additional worker was hired for a period of six (6) months to aid with the prevention and awareness for the program.

Consultations	
Youth	22
Adults	114
Couples	12
Family	10

Activities								
Aftercare & Preventions	**Sweat Lodges**	**Sundance**	**Cedar Baths**	**Fasting**	**Goose Dance**	**Shake Tents**	**AA**	**Other**
Traditional Methods	25	2	1	1	1	5		
Other							36	6

Treatment						
Women	**Men**	**Youth**	**Couples**	**Graduates**	**Withdrew**	**In Progress**
6	*6*	*0*	*0*	*10*	*2*	*13*

Conclusion

Although there are numerous obstacles and challenges for the local team in the implementation of the SRP, focus is on providing efficient services for the population of Nemaska.

We are looking forward in having all the Coordinators in place in order to proceed with the full implementation of integrated services.

Once again, I would like to thank all the local CHB staff and the various local departments for their contributions and assistance in providing services for the benefit of the community members. Keep up the good work!

Beatrice C. Trapper
Local Director
Nemaska CMC

Ouje-Bougoumou Community Miyupimaatisiiun Centre

Ouje-Bougoumou has experienced an exciting year. Many unsolved issues are now being acknowledged and being amended both at the local band and the Cree Health Board level. Since August 2009 we have hired all 3 coordinators.

Administration

Within this department the Coordinator oversees the administration of the CMC and the functioning of the buildings.

Staff under the Administrative Unit

Current	Vacant
1 Coordinator of Administrative Unit	1 Administrative Technician-status one
3 Secretaries- status one	
1 Receptionist-status one	1 Assistant Cook
2 Light housekeeping -status three	
2 Heavy housekeeping- status three	
2 Maintenance Workers-status one	
1 Cook	
1 Patient Van Driver	

Awash/Uschiniichisuu Miyupimaatisiiun

The Coordinator of Awash/Uschiniichisuu Miyupimaatisiiun was hired in January 2009. The latter over sees the programs from 0-29 years of age. In order to implement this program all the vacant position need to be filled and that is our priority for this year.

Awash/Uschiniichisuu Miyupimaatisiiun Staff

Current	Vacant
1 Nurse/clinical-status one	1 School Nurse/ status one
1 Coordinator	1 Clinical Nurse/ status one
1 NNADAP – status 2 (interim)	2 Social Worker/status one
	1 Community Worker/status one
	2 Sector Worker/status one

Consultations					
Clinical	**Home**	**1st Visit**	**Follow - up**	**Program**	**Ob. Hrs**
173	8	24	157	181	38,83

Chishaayiyuu Miyupimaatisiiun

Home and Community Care Program

Home and Community Care Staff

Current	Vacant
1 Nurse, full-time 2 Homecare Community Worker	Rehabilitation Monitor

Home and Community Care Services

Clients	88
Homecare (hrs)	613
Total hrs.	698,2

Multi-Services Day Centre

Activities/Services	
Referrals	19
Follow-ups	16
Initial contacts competed	2
Total participants	60
Care plans completed	4
Care plans revised	6
Groups	39

Physiotherapy	
Participants	21
Out-patients	47
Occupational Therapy	0
Psycho-educator	63
Out-patients for Psycho-educator	41

Current Services

Staff under Current Services

Current	Vacant
4 Nurses, status one 2 Nurses, status one/replacements 1 Homecare Nurse, status two 1 CHR, status ones 1 Dental Assistant, status three 1 Permanent Dentist 1 Doctor-scheduled 1 week/ month 1 Psychologist- quarterly visits 1 Aboriginal Therapist-quarterly visits 1 Human Relations Officer/ Team Leader 1 Physiotherapist 1 Occupational Therapist/on-leave until 2011 1 Homecare Community Worker-status two 1 Homecare Worker-status two 1 Activity Team Leader-status one 1 Educational Monitor- status one 1 Coordinator of Current Services 1 Psych-educator -status one & Elders' Program-status one 1 Nutritionist	1 Nurse, status one 1 School Health Nurse 1 Beneficiary Attendant, status one 1 Human Relations Officer/ MSDC 1 CLSC Community Worker 1 Rehabilitation Monitor-status two

Current Services

	Clinical	Home	1st Visit	Follow - up	Curative	Program	Ob. Hrs
Nurses	4122	18	3170	970	4140	561	135,2
Doctors		7			980		
Number of Appointments	561		11	550			
Laboratory	822		4	818	822	0	
Refills	2177			2177	2177		
Total clients all	7881						

Other Consultations	
Paediatrician	68
Psychiatrist	28
H1N1 Vaccine	664
Fluviral Vaccine	161

We have one visiting female psychologist and one aboriginal therapist that come to the community for four days on quarterly basis. The aboriginal therapist also provides five day intensive therapy on past and present traumas.

Transportation	
Urgent	79
Elective	798

Nutritionist

We have a full time nutritionist whose primary function is to cover the needs of programs in her program area in collaboration with the Canada prenatal nutrition program, the diabetics and the population in general. She also carries nutrition activities in the schools for all levels. She also participates in activities with the Cree School Board, Daycare & Elders' Home.

Activities

Clinical Diabetes Program:	44
Drop the pop challenge:	15
Awash Program:	0
Pregnant women:	24
Infant/Toddler:	5
No-shows:	10
Homecare Program: clinic	36

Community Health Representative

The Community Health Representative for the diabetes & clinical is in place since November 2007. The Community Health Representative under Awash Miyupimaatisiiun was hired in February, 2010. Both CHRs have had some training but more training is required. The training for the CHR under Awash Miyupimaatisiiun is on-going.

Activities/Interventions

Diabetes & clinical	116
Home visits	1
School visits	91
First-time visits	142
Follow-up	95
Curative	13
Program	224
Total	**237**

Social Services/CLSC

The problems are still being encountered within this department due to a high turnover of staff. Communications needs to be improved in order to integrate this services with the rest of the programs and services.

Social Services files

Youth Protection Caseloads	31
S-5 Placements	45
Active Files	16
Interventions	195
Active Foster Homes	23
Young Offenders	23
Youth Protection Foster Home Placements	219
Adoption Cases	2

Conclusion

The extension of the Ouje-Bougoumou Miyupimaatisiiun Centre will accommodate the much needed additional 19 employees required to implement the Strategic Regional Plan.

Meegwetch!

Susan Mark
Local Director
Ouje-bougoumou CMC

Waskaganish Community Miyupimaatisiiun Centre

Administration

The Administration of the Waskaganish CMC is composed of the following:

1 Local Director
1 Coordinator of the Administrative Unit
1Coordinator of Awash / Uschiniichisuu
1 Head of Current/Chishaayiyuu
1 Secretary
1 Administrative Technician
1 Maintenance worker
1 PFT General Aide worker
1 PFT Permanent Light
1 Housekeeper
1 Permanent Heavy Housekeeper

Vacancies

1 Administrative Technician
1 Administrative Officer Class 1 (Executive Secretary)

Awash/Uschiniichisuu Miyupimaatisiiun

The Coordinator of Awash/Uschiniichisuu Miyupimaatisiiun who was previous Human Relations Officers maintained her continuous clinical social work perspective as part of supporting, directing and guiding the following services under her department: National Native Alcohol and Drug Abuse (NNADAP), Community Local Services Centre (CLSC) and the Home and Community Care Program (HCCP).

The Coordinator of Awash/Uschiniichisuu Miyupimaatisiiun took over this role in September 2009.

We are in the process of revising the Terms of Reference for Social Services Committee. We attended two meetings organized by the Director of Professional Services-Quality Assurance.

Chishaayiyuu Miyupimaatisiiun

Home and Community Care Program staff

Current	Vacant	Physicians
1 Community worker	1 PFT Homecare worker (pending)	Dr. Marie Carmen Berlie
4 Homecare workers		Dr. Charles Khazzam
5 Occasional		Dr. Bertha Fuchsman
1 Physiotherapist		Dr. Dave Dannebaum
1 Occupational Therapist		
1 Rehabilitation Monitor		
7 Occasional homecare workers		

Activities

Homecare Nurse		**Homecare Worker**	
Home visits	1145	Personal hygiene	1480
Hrs MD consultations	159	Monitoring of medication	894,75
Hrs NSG admin services	337,75	Treatments	626,75
Total hrs provided	3253,75	Psychosocial	694
Clients	7	Meal services	1656
		Home management	1041
Total clients	**62**		

We encounter difficulties in providing respite services to families who provide care and support to a family member. There is a lack of resources in the community; we had no other choice but to send two clients to Chisasibi for emergency lodging.

Finding occasional workers is also very challenging, the ideal solution would be to have a recall list of trained occasional workers. A recruitment and training plan needs to be developed and put in place. A refresher courses need to be developed as well for the HCCP full-time employees.

Due to the increase of work for the homecare team, the duties of the Rehabilitation Monitor were revised; over and above her tasks, she also acted as interpreter for the Homecare Nurses, she assisted in the preparation of statistics and schedules and providing supplies required by the clients.

The Community Worker was behind in entering statistics from September 2009 to March 2010, this was resolved by giving her appropriate training.

Multi-service Day Centre

MSDC Staff

Current	Vacant
1 Activity Team Leader	Challenge identified as 'hiring full staff', no specific vacant positions were identified
2 Rehabilitation monitors	
2 Education	
1 Secretary	
2 Maintenance/housekeeping	
3 Kitchen staff	

MSDC Clientele

		Average	Increase/decrease
Number of Participants (AM):	1051	4.27	0.16
Number of Participants (PM):	768	3.12	(1.05)
Total	**1819**	**3,61**	**-0,89**

The following activities are provided to the MSDC clientele: Healthy Eating Workshop, Community Integration, Stretching and Exercising, Arts and Crafts, Recreation and Leisure.

Adaptive transportation is now being provided to all participants since November 25, 2009. Management is developing the policies and procedures for this service.

Rehabilitation services

Rehabilitation services include: consultation, evaluation, treatment, education, and recommendations within the scope of physiotherapy & occupational therapy, the service aims to reflect and be adapted for each individual, and as needed, to the individual's family and community.

There are currently three areas of care in which rehabilitation professionals are involved in Waskaganish:

1) Out-patient clinic area
2) Home and community care clients (including schools & daycares)
3) Multi Services Day Center

Coverage of services provided by Rehabilitation Team

Rehab. Team members	Frequency of care	Out-patient	HCCP	MSDC
1 Physiotherapist	Full time community coverage (except during vacation)	X	X	X
1 Occupational Therapist		X	X	X
1 Rehabilitation Monitor			X	

Rehabilitation Services

	Outpatient		HCCP/MSDC		
	PT	**OT**	**PT**	**OT**	**RM**
New	130	21	29	12	4
Discharges	89	19	15	5	0
Clinic visits*	391	72	16	8	
Home visits	2	7	71	187	95
Day care/school/MSDC	6	46	28	56	
Did not attend	102	14	2	0	0
Cancelled	51	10	4	0	0
Direct Care time (hours)	402.58	141	124.42	392.50	222.17
Non-Direct Care Time (hours)	656.91	93.07	78.33	549.50	42.50
Total hours	**1293.57**		**1412.42**		

*NB. Missed appointments (Did not attend) and cancellations were not included in the number of clinic or home visits. *The total clinic appointments include the patients seen at the emergency (at doctor's or nurse's request) follow-up /2nd opinion.*

Current Services

The role of team leader/head nurse is assumed by the nurses on a rotation basis; it has indeed decreased the amount of stress among the nurses. This position is still very demanding especially when there are more than 2 doctors and a visiting specialist at the same time. It generates large amount of charts to be reviewed by the Head Nurse.

The hiring of the Coordinator of Current Services/Chishaayiyuu Miyupimaatisiiun and a medical secretary has alleviated the work of the team leader/head nurse.

Staff and Health Professionals under Current Services

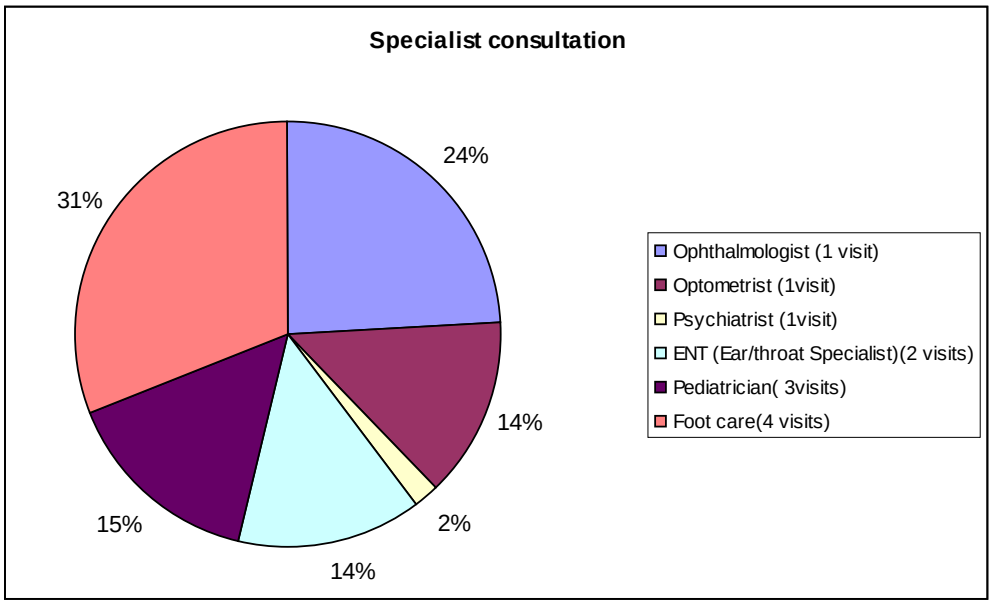
Current	Vacant
5 FT Fulltime Nurses	1 Pharmacy technician
2 TFT nurses	1 School nurse
3 FTP Northern Beneficiary Attendants	1 FT Psychologist (replacement for Dr. Beaudoin)
1 Secretary	1 FTP School Social Worker
1 Receptionist	
1 FT C.H.R.	
1 FT C.H.R. Diabetes	
1 Medical Secretary-Interim	
1 Permanent Dentist	
1 Dental Assistant	
1 Dental Receptionist	
6 Doctors (Rotating at 2 each)	
1 Psychologist (visits 11 times)	
1 Psycho - therapist (visits 7 times)	
1 Psychiatrist (once or twice a year)	

With the announcement of the **H1N1** pandemic last June 2009 by the WHO, all the necessary steps were taken in terms of preparedness in the event of an outbreak in Waskaganish this was done in collaboration with the Public Health Department and it's the Regional Coordinating Office. On-line training was recommended for the front line workers to follow. The H1N1 vaccination began in November 2009, 1,589 community members were vaccinated.

Consultations/Interventions

Nursing	25421
Medical	2017
Observation hours	na
Other consultation	
Ophthalmologist (1 visit)	120
Optometrist (1visit)	68
Psychiatrist (1visit)	10
ENT (Ear/throat Specialist)(2 visits)	68
Paediatrician(3visits)	77
Foot care(4 visits)	154
H1N1 vaccination	1 589

Nutritionist	
Out-patients	130
HCCP	7
Dental Department	
Dental	1020
Replacement Dentists	265
Denturologist	68
Hygenist	528
Hygenist replacements	33
Transportation	
Urgent	60
Elective	1137

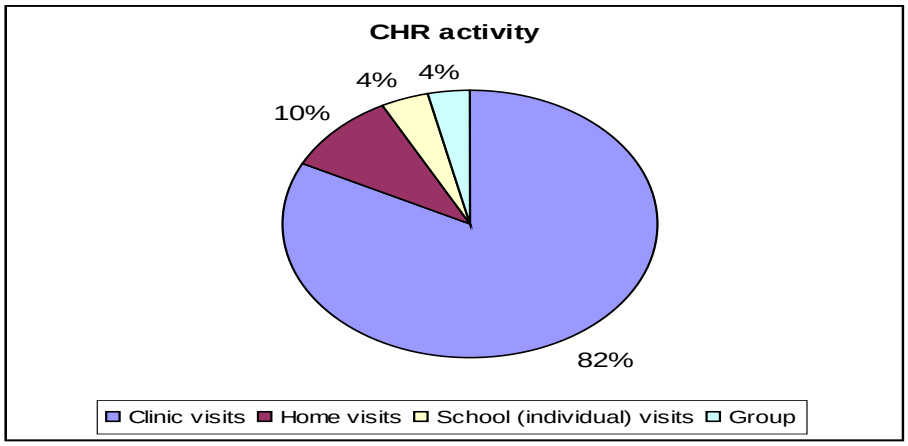


Community Health Representative

As recommended from last year a close collaboration approach with medical staff is necessary will help gain insights of an effective care plan for the clientele and the community. This year both CHRs participated in the 18-month CHR training program given at the Val d'Or Campus. They will complete the program in September 2010.

CHR visits

	CHR 1	CHR 2	Total
Clinic visits	288	737	1025
Home visits	89	33	122
School (individual) visits	37	15	52
Group	37	7	44



Social Services/CLSC

The CLSC department is still composed of two community workers who work close collaboration with Youth Protection and Home Care departments, as well as with the medical professional team. The two community workers currently share the same office making it difficult when they have to meet with clients.

Files/Cases

	Worker #1	Worker #2	Total
Active Files	8	77	85
Semi active files	223	20	243
Out of town files	2	4	6
Closed files	0	39	39
S-5 Placements by age group:			
Child/Youth (0-18 yrs. old)	39	147	186
Adult (18 yrs. & over)	17	30	47
Elders	22	4	26
Outside resource long-term placements	2	4	6
Total			
Beneficiaries	233	598	831
Interventions	1028	1535	2563
S5	78	181	259

Youth Protection Services

There is a great need for extra office space.

Staff under Youth Protection

1 Team Leader
3 Youth Protection Community workers (2 interim)
1 Young Offender worker (interim)
1 Foster Home worker
1 Secretary

National Native Alcohol and Drug Abuse Program

Referrals/Consultations

Youth	7
Adults	33
Females	17
Males	23
Total	40
In treatment	23 completed and 1 backed out

Conclusion

In the past year we were able to provide services with the resources that we have at the local level. The workers were able to provide services on crises intervention basis, as the workers cannot carry prevention programs because of limited time and of the lack of Human resources.

Hopefully with extra office space and the expansion of the Waskaganish CMC, we will be in a position to hire additional personnel that are required to implement more programs and provide the necessary health and social services to the community.

Bert Blackned
Local Director
Waskaganish CMC

Whapmagoostui Community Miyupimaatisiiun Centre

Throughout the past year, the Whapmagoostui team has provided the best programs and services it could, considering the limited personnel and facilities available. The team has been able to pull together and assist each other during crisis situations, for example, during the H1N1 pandemic activities.

Administration

Staff

Current	Vacant
Local Director Coordinator of Awash/Uschiniichisuu Miyupimaatisiiun Coordinator of Chishaayiyuu Miyupimaatisiiun / Current Services	Coordinator of Administrative Unit Administrative Technician Secretary

Community Health Services

Although the full range of programs and services is not yet introduced in Whapmagoostui, certain services have gotten underway.

Community Health Representative

Activities

Clinic	School	Home	Group	1st visit	Follow up	Curative	Pro.
726	0	0	15	26	519	16	769

Specific Programs

Diabetes program - distribution of diabetes supplies - healthy lifestyle - radio talk show - nutrition Pre-natal and post partum programs. - Teaching at 1st trimesters, at 16th week, 22 to 36 weeks. - Mercury program	Bush kit program - preparing and reordering supplies Biggest loser program - 15 week program - healthy eating habits - weight loss Drop the pop challenge Dental Hygiene

Serving the Chishaayiyuu population, the following services were offered in 2009-2010.

Home and Community Care Program

Staff

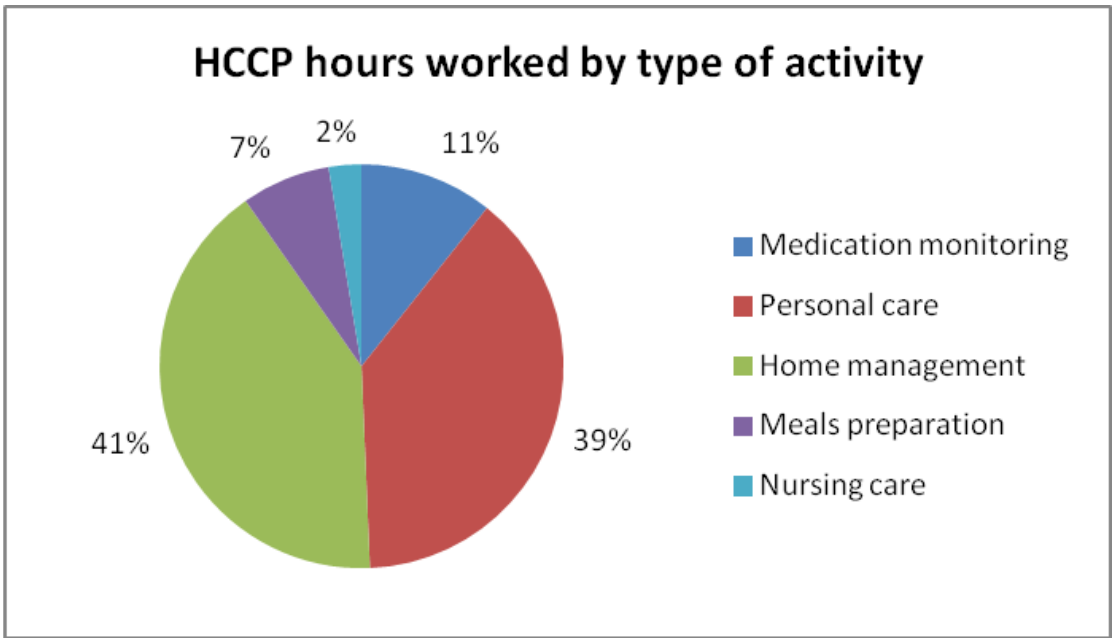
Current	Vacant
1 Homecare nurse (replacement) 1 Community Worker (interim) 4 Homecare Workers 6 Part time Homecare Workers	1 Rehabilitation Assistant

The Senior Homecare Worker was trained on statistical gathering data by the Human Relations Officer from Waskaganish during the month of April 2008 and received certification related to Health Canada's e-SDRT training.

Activity

Clients	36
Medication monitoring (hrs)	618.5
Personal care (hrs)	2242
Home management (hrs)	2373.75
Meals preparation (hrs)	412.5
Nursing care (hrs)	151.5

This period covers only seven months due to technical problems. Some data could not be retrieved. The profile of the hours worked (below) is representative, however, of a year's experience.

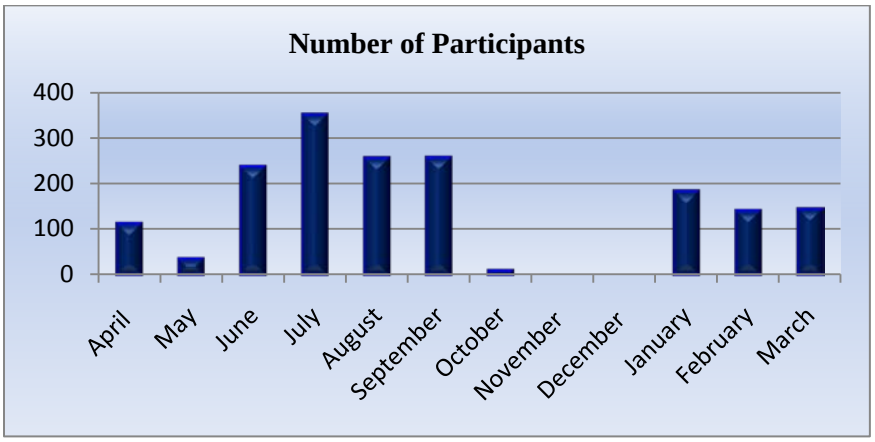


Multi-Services Day Centre

The MSDC was an active place in 2009-2010, despite some interruptions due to both H1N1 and some mechanical issues at the facility.

Staff

Current	Vacant
1 Activity Team leader 1 Rehabilitation Assistant 1 Education Instructor 1 Administrative Officer 1 Maintenance Worker .5 Housekeeping Attendant (light) .5 Housekeeping (heavy)	1 Psycho-educator 1 Physiotherapist 1 HRO



Number of ParticipatingClients

April	114
ay	36
June	238
July	353
August	257
September	258
October	10
November	N1H1 vaccinations
December	Closed due to mechanical problems
January	184
February	142
March	146

Rehabilitation Services

Staff

Current	Vacant
1 Administrative Officer 1 Maintenance Worker 1 Cook 1 Assistant Cook 1 Housekeeping Attendant 1 Housekeeping Attendant (heavy)	1 Occupational Therapist (served from Chisasibi) 1 Nutritionist 1 Physiotherapist (temporarily served from Chisasibi)

Activities

- Physiotherapist visits. April 2009 26 clients
- Sewing; baby bonnets aprons, canvas bags, leather gloves.
- Wood carving; snow-shovels, miniatures kitchen tools and sleds.
- Knitting: wool socks, hats.

Current Services

Staff

Current	Vacant
1 Head nurse 3 Nurses 1 FTE Medical Doctor (2 share 1 FTE position) 1 Dentist (provided by NHSSB) 2.5 Attendants in a Northern Establishment	1 School Nurse 1 Dental Hygienist .5 Dental Technical Assistant

Consultations									
Clinic	**School**	**Home**	**1st visit**	**f/u**	**Curative**	**Pro.**	**MD**	**Spec.**	**Transfer**
9095	14	10	3798	5399	13055	1800	653	267	159

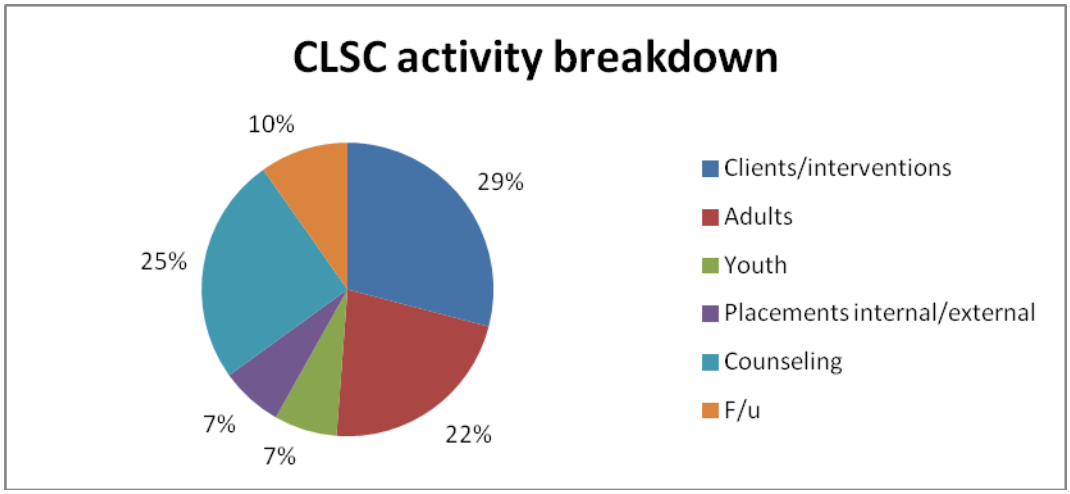
Social Services/CLSC

Staff

1 Community Worker 1 Community Worker (interim) 1 Secretary 1 School Community Worker (interim) 1 Administrative Officer

Activities

Clients/interventions	494
Adults	376
Youth	118
Placements internal/external	117
Counselling	428
Follow up	166

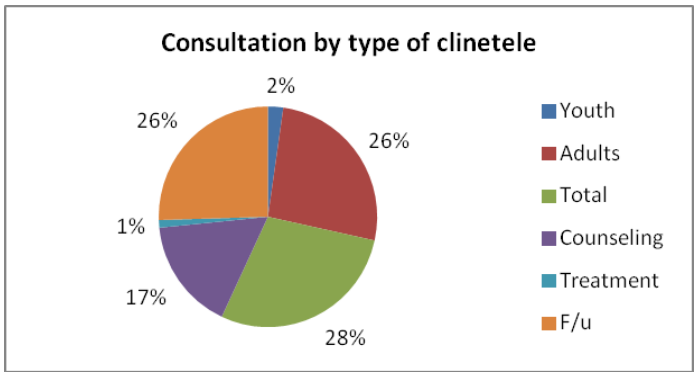


National Native Alcohol & Drug Program

Activities

Staff meeting November 26-27, 2009
Pre-conference training November 28 -30, 2009, Suicide prevention Dec.01 -03, 2009
Standard First aid/CPR training October 29-30, 2009
Justice training February 09-19, 2010
First Nations Youth Prevention training March 08-12, 2010
NNADAP staff meeting March 22-23, 2010
National awareness week November 2009

Clients	Adults	Youth	Counselling	Treatment	F/u
76	70	6	44	3	68



Youth Protection and Social Emergency Services

The statistics for Youth protection and Social Emergency Services are covered in the report of the Director of Youth protection.

Conclusion

The main issue with the clinic is the lack of suitable office space. This year the Local Director relocated to the MSDC to create space for the new Coordinator of Awash/ Uschiniichisuu and a temporary office cubicle was created for the dental hygienist to free up an office for the new Coordinator of Chishaayiyuu/Current Services. Two work spaces were also created in the former seclusion/observation rooms. Related office furniture has been ordered.

The overall challenge is the implementation of the 5-year (2004) Strategic Regional Plan. While this will require residential units and transits, office space and certain equipment, a key element is the recruitment and retention of trained staff, and the training of staff already here. Relative isolation continues to be a challenge, increasing all the costs.. In the meantime the number and severity of social issues and special needs continues to grow.

An extension of the clinic is required to fully implement the Strategic Regional Plan. A building has been renovated to provide interim space. It will accommodate 13 staff, yet it still does not meet the required working space.

Finally, we need to establish and improve our working relationship with the Inuit.

John George
Local Director
CMC Whapmagoostui

Waswanipi Community Miyupimaatisiiun Centre

In the spring of 2009, the H1N1 pandemic absorbed much of our attention. The pandemic plan was successfully implemented with notable cooperation from all local entities in Waswanipi.

In the summer, Public Health personnel began Nituuchischaayihtitaau Aschii, a project to study the links between people's health, their food choices, their physical activity and the environment. Diabetes remains our hidden disease and it is our goal to reduce the impact of the disease by encouraging our population to live a healthier life style.

The extension of the main clinic was a major project that began in late autumn, 2009. Local staff has participated with the architect in the development of the concept. Construction should begin in the autumn 2010.

Administration

There is now a full management team in Waswanipi as of March 2010. All the Coordinators have been hired and oriented. The administration is still occupying office space at the MSDC, awaiting the completion of the clinic expansion.

Local Director
Coordinator of Chishaayiyuu/Current Services
Coordinator of Awash/Uschiniichisuu
Coordinator of Administrative Unit
Executive Secretary
Secretary
2 Administrative Technicians

All personnel files have begun to be updated. All financial transactions have also begun to be updated. All inventories have been made and are kept up to date. Vehicles, equipment, and computer equipment and systems are monitored.

In finance, the new program Virtuo, is in the early stages of its application; in time it will support the decentralization of many administrative functions and authorities to the communities. First training was given and needs to be continued in the coming year.

Finding suitable office space for new employees was a problem throughout the year.

Awash & Uschiniichisuu Miyupimaatisiiun

The Coordinator of those units has started her new position in January, 2009. In Waswanipi, as in most communities, services to both threes age groups are grouped together under one manager.

The new Coordinator did research on the present Awash and Uschiniichisuu programs given within the Board, especially in Mistissini and Chisasibi. Orientation was given, and information gathered with the Pimuhteheu Group to review the applicability of programs in Waswanipi.

Awash and Uschiniichisuu Staff

Current	Vacant
1 Coordinator, Awash/Uschiniichisuu 1 Community Worker 1 School Social Worker (interim) 1 NNADAP Worker 1 Nurse 1 Secretary	2 Community Workers 1 School Nurse 2 Nurses 1 Community Organiser 5 CHRs

Activity

Awash - Uschiniichisuu 0 to 9 &10 to 29 years old	**# visit / Interventions**	**Potential clients**
School social worker	306	164
Physiotherapy - Daycare/school visits	40	
Total (July 2009)		**969**

A **community worker** for healthy babies was hired in November, 2009. This position also supports all the school programs, such as Chi' keyah and School Health programs.

Chishaayiyuu Miyupimaatisiiun/Current Services

Chishaayiyuu Miyupimaatisiiun/Current Services are structured as one team, and in March 2010, the first Coordinator was hired - a Cree nurse with a lot of positive energy to help develop this sector. When the CMC expansion is complete services will be easier to integrate, but until then, various services will be located in separate buildings.

The Band's project of an elders' home is becoming a reality. Mr. Richard St-Jean, of the Cree Health Board, is assisting the Band with finalizing a functional and technical plan. This shell for the home already exists – it is situated on the first floor of the MSDC.

Home and Community Care Program

There has been a high churn rate for homecare nurses. The last homecare nurse resigned in December 2009 and a replacement has still not been hired. A nurse schedule has been established in the interim to cover homecare services. Scheduling is always a challenge.

Cree Home and Community Care Staff

Current	Vacant
1 Community worker (federal)	1 Homecare nurse (federal)
2 Homecare workers	1 Homecare worker
	1 Rehabilitation Assistant

Services

Homecare Program	# visit / Interventions
Homecare visits	N/A
Hours of direct service	N/A
Physiotherapy – visits	108
Physiotherapist – hours of care	158
Total of clients	**21**

Multi-Services Day Centre

With the acquisition of the adapted vehicle in September, participants can now be driven to and from the MSDC. A regular driver for the vehicle remains to be hired but the service is available.

The programs and services provided at the MSDC are: healthy and active living, activities of daily living, productive activities, recreation and leisure activities, healthy eating activities and community integration activities. In special needs, physiotherapy, psycho-educational and individual support and guidance are offered.

MSDC Staff

Current	Vacant
1Activity Team Leader 1Psycho-Educator 1Physiotherapist 1 Rehabilitation Assistant 2 Education Instructors	 1 Rehabilitation Assistant 1 HRO

There is now a waiting list of approximately 50 referrals. The wait time is about 6 – 12 months for non priority cases.

Activities

Referrals	37
Followed-up	20
Contacts completed	41
Participants	25
Care plans completed	12
Care plans revised	5
Group interventions	16
Physiotherapy – HCCP clinic visits	15
Physiotherapy – outpatient visits	320
Physiotherapy – Did not attend visits	93

In conclusion, the MSDC has picked up significantly this past year, considering that we have other staff occupying the MSDC, that the Public Health set up their environment project and of course the H1N1 campaign. This caused the programs to stop and then restart again, which does help with the smooth operation of the MSDC.

Physiotherapy

The physiotherapist in Waswanipi covers all the programs and continues to regularly visit the day care centers and kindergartens. She also provided key support to our health staff and from time to time gave training sessions. At the community level, she was involved the diabetes programs and projects, workshops, physical activities and she actively participated in forums, studies, committees and interviews. Unfortunately the physiotherapist left in June 2010, and the search for a replacement is underway.

Activity	HCCP	Out-patient
New	11	38
Discharges	2	28
Clinic visits	11	320
Home visits	97	0
Daycare/school visits	40	0
Did not attend visits	15	78
Cancelled visits	15	21
Direct Care time (minutes)	5250	20010
Non Direct Care time (min.)	4200	22760
Travel time (min.)	1370	4350
Waiting list	50	
Waiting time period	6 to 12 months	

Current Services

While there continues to be a high turnover of nursing staff, an important task will be the development of the habits of interdisciplinary practice amongst the team of professionals, to provide better services to beneficiaries.

Staff under Current Services

Current	Vacant
1 CHR 2 nurses 1 Nutritionist 1 HRO(interim PT) 1 Community Worker 1 NNADAP Worker 1 Dentist 1 Dental Hygienist 1 Dental Technical Assistant 1 Attendant in a Northern Institution	2 CHRs 2 Nurses (staffed temporarily) 1 Community Worker 1 Nutritionist 1 FTE Doctor (filled by *depanneurs*) 1 Driver 1 Attendant in a Northern Institution 1 Occupational Therapist

	Consultations	
	Curative	**Program**
Nurses	9995	1899
Doctors	95	903
Total consultation		
Nursing	11894	
Medical	1000	
Observation hours	N/A	
Refills	4764	
Paediatrician	59	
CHR	568	
Homecare	21	

With the extension of the clinic, an extensive inventory has been made by a professional firm. This inventory is ongoing and plans have been made to fit the extension plan. The H1N1 campaign also permitted us to acquire special equipment needed for this purpose.

Diabetes remains the predominant disease in Waswanipi; there are over 350 cases of diabetes registered which represents 22% of the overall population. More and more young people are getting diabetes: we have one case of a 10 year - old.

Diabetes – haemodialysis treatments	
Haemodialysis	6
Pre-haemodialysis	2
Total	8

Transportation	
Urgent	91
Elective	1774

The services at Waswanipi are in a transitional period. We now have all types of qualified professionals addressing social needs. More and more have BSW degrees.

Caseload

New Files	41
Closed Files	22
Adult counselling	33
Family counselling	15
Youth counselling	24
Youth Offenders Worker	120

Total Referrals	67
Psychologist	56
Psychiatrist	11
Referred to	
Women shelter	31
Psychologist	56
Psychiatrist	11
NNADAP	25
Douglas Hospital	9
Suicide attempts	12

The Human Relations Officer (HRO), Winnie Saganash, has worked on the Special Needs file throughout the year together with the Special Needs group in Chisasibi. This work has caused the MSDC files to be backlogged somewhat.

Youth Protection

The Youth Protection team has been stable throughout the year. The three Community Workers have about 30 caseloads each. The Young Offenders Worker has over 120 files, but a lot of these files are pending court orders. For the Foster Home Worker, all foster home files are up to date. As for the Team Leader, the youth protection files are been actively kept to date.

A need for stronger collaboration between Youth Protection and psycho-social staff has been identified in the past year.

National Native Alcohol and Drug Abuse Program

A NNADAP community worker was finally hired in November 2009. This person has a bachelor degree in Social Work. She is enrolled in the Youth Addictions Prevention Training Program at University of Chicoutimi.

Clientele	185
Interventions	357
Detox	1
Treatment	5 (4 completed)

Challenges

Administrative support and systems are big challenges to the services in Waswanipi. In Human Resources, greater success in timely recruitment is required, involving both local and central (Chisasibi and Montreal) personnel. In Finance, the implementation of new software and decentralized approaches will require on-going training and support.

Similarly, the move towards integrated services is the main challenge. Integrated services require programs and most of these are in development. The Waswanipi team will seek more collaboration with the Pimuhteheu Group, to help in developing the programs to be delivered locally.

Another important issue with the population is the large number of people with valid Medical Cards. At all public meetings there will be a booth for the purpose of addressing the problems with the Medical Card. A routine notice on this issue in the Nation magazine would be helpful.

Conclusion

The implementation of integrated services, the future extension of the clinic, and our participation in the Band's Elders' home project: all these major projects are opportunities to work with the community and with the Chief and Council and their representatives.

The transition plans must be well coordinated at all levels. An implementation plan has been made, with the participation of the staff and the local population. This plan is continuously updated to reflect the reality.

Alan Moar
Local Director
Waswanipi CMC

Wemindji: Willie Matches Memorial Miyupimaatisiiun Centre

The grand opening of the *Willie Matches Memorial Miyupimaatisiiun Centre* took place on July 09, 2009. It was held during Wemindji's 50th Anniversary Celebrations. The cutting of the ribbon was done by a local Elder, Sam Hughboy, Late Shirley Visitor Otter, who was also a long time employee of CHBSSJB in Wemindji, and a child to represent the youth, Thomas Gilpin, Jr., he was the first patient to be seen at the new Community Miyupimaatisiiun Centre ("CMC").

The new CMC is very visible, but less visible in terms of changes in the scope of services and the manner they will be delivered. The Strategic Regional Plan foresaw major changes in the delivery of programs and services, emphasizing health education, promotion and preventive services and creating age-group specific clusters of services, so Beneficiaries are seen as whole people. Wemindji is one of the first communities to move towards the new model.

Administration

The Administrative Unit has been in place since the opening of CMC on March 9, 2009. The Coordinator of the Administrative Unit, Mary Shashaweskum, manages 19 employees, with 1 vacancy left to fill. Prior to the new CMC, there was no room for an administrative department

Staff

Current	Vacant
1 Coordinator of the Administration Unit 1 Administrative Technician 3 Administrative Officers (Receptionist) 3 Administrative Officers (Secretary) 1 Administrative Officers (Medical Secretary) 1.5 housekeeping (heavy 2.5 housekeeping (light) 3 maintenance 1 cook 1 cooks assistant 1 kitchen helper	1 Administrative Technician

Awash Miyupimaatisiiun

At the local level of services, gradual steps have been taken to ensure the implementation process is consistent and that the transition is communicated clearly to the regional team and partners. This program has been developed to act as the main entry point to services. However, due to the number of staff in the medical profession not all files were transferred to the Awash program. The team is currently familiarizing themselves with all the services embedded within the program.

Staff

Current	Vacant
1 Coordinator, Awash/Uschiniichisuu 1 Community Organizer 4 CHRs 2 Awash Nurses 1 Community Worker – Healthy Babies 1 School Nurse	

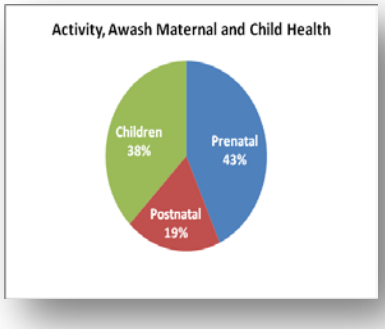
Other professional staff members that assist with the program are:

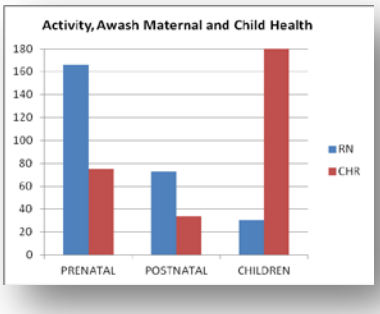
- Physiotherapist
- Nutritionist
- Dental Hygienist

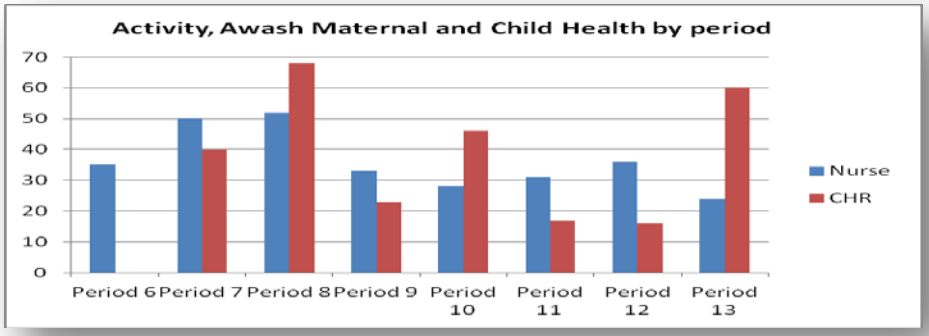
Maternal and Child Health

Since August of 2009 the Community Health Representatives and the Nurse have been gradually taking the prenatal, postpartum and awash clientele under the program.

Activity







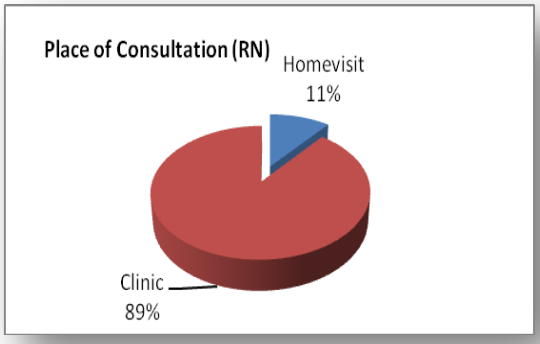
Well
Baby Clinic

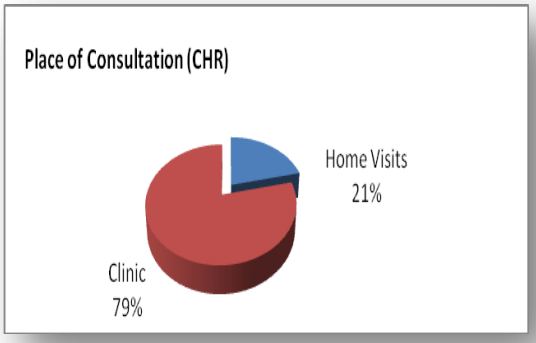
Well Baby Clinic is scheduled the Tuesday of every week. The RN and CHR follow the sheets provided for the program, which includes vaccinations. Since operating they have conducted regular follow-ups for those that made their entry point directly to the program.

The CHR's have also assisted with the H1N1 and Flu campaigns for the general public on January 18, 19 and 20, 2010.

Home Visits

Home visits are available 24-48 hours during postpartum and more often when families are experiencing life difficulties.





Once the screening for child development is conducted for those children not in childcare and those that are 2 and 3 years old the home visits will increase. A concern for the Home Visiting Services is the transportation to and from the home. Not all staff can utilize the CHB van.

Oral Health

The Dental Hygienist and the Community Health Representatives have been working together to promote oral health care within the Childcare Centres and the School. In February 2010 they conducted workshops to the children at F1 and F2 Childcare Centre with a total of 73 children present.

- Bi-monthly workshops are being considered
- The dental hygienist is also available to provide more information on Oral Health during Well Baby Clinic. This is done with the parent(s) and/or guardian(s) together with the child.

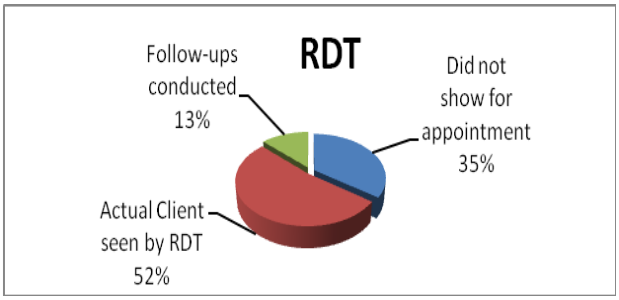
The Awash CHR also assisted with the school workshops held on February 25 and 26, 2010. The Uschiniichisuu CHR will be working with prevention aspects and one-on-one consultations for the school along with the Dental Hygienist twice a month from pre-k to grade 3.

Nutrition

Below you will see the chart for those that were referred to the RDT from the Awash Program.

Activity

Nutritionist - Awash	
Scheduled Appointments	86
# of Actual Clients Seen	30
No shows	45
Follow-ups	11



- 6 baby food making demonstrations with Awash CHR
- 3 Nutrition Workshops at the school with Uschiniichisuu CHR
- Drop the Pop campaign with Uschiniichisuu CHR on *February* 26, 2010.
- 2 Smoothie Workshops with Uschiniichisuu CHR
- Cooking workshop with Uschiniichisuu CHR on March 25, 2010.

Uschiniichisuu Miyupimaatisiiun

Although, the Regional Uschiniichisuu Miyupimaatisiiun Program is in the process of development, the team does educational and awareness workshops on tobacco, bullying, healthy eating, dental hygiene, and the effectives of substance, alcohol & drug abuse.

Staff

Current	Vacant
Community Worker Addictions Interim	Community Worker Mental Health
2 Community Health Representatives (1 Perm. & 1 interim)	
NNADAP Community Worker (Interim)	School Social Worker

Activities

School Nurse	Vaccinations	6 days cycles	Promotional
Up-date of health record	26 quadracel	Chi'kayeh program sec.III, 2 class, 2 times/cycle/class (39 students)	Hand + coughing hygiene (all school)
School activity (seasonal theme activity, fire drill, etc…)	30 twinrix hpv	Special Need Gym class (7 students)	Head lice prevention
Individual appointment on demands (1 to 10 visits/day)	21 TCT	Special Need Swim activity (7 students	Pandemic prevention (high school student)
f/u weekly of student with chronic disease (3 students)	20 boostrix		H1N1 + Seasonal flu shot campaign (all population)
			Women health (auto breast exam + pap test) secondary 3-4-5

National Native Alcohol & Drug Program

- Statistics have not been gathered on interventions conducted to date.
- NAAW (National Addictions Awareness week) was conducted February 8 to 12, 2010. The Awash CHRs conducted the FASD workshop on Feb. 10, 2010.
- A Community Organizer has been recently hired and is currently gathering information on various programs and services offered for families and children in the community and reviewing statistics to create a portrait of Wemindji.

Chishaayiyuu Miyupimaatisiiun

Current	***Vacant***
1 Coordinator, Chishaayiyuu Miyupimaatisiiun/ Current Services 1 Human Relations Officer 1 Community Worker 1 Psycho-Educator 1 Physio-Therapist 2 Rehabilitation Assistants 2 Education Instructors	1 Occupational Therapist

The Human Relations Officer has been hired on an interim basis since October 2008. Collaboration between the Wellness Center and the NNADAP Worker brought in Eleanor Cowan for one workshop with all the Social Services staff and another for the community on grieving.

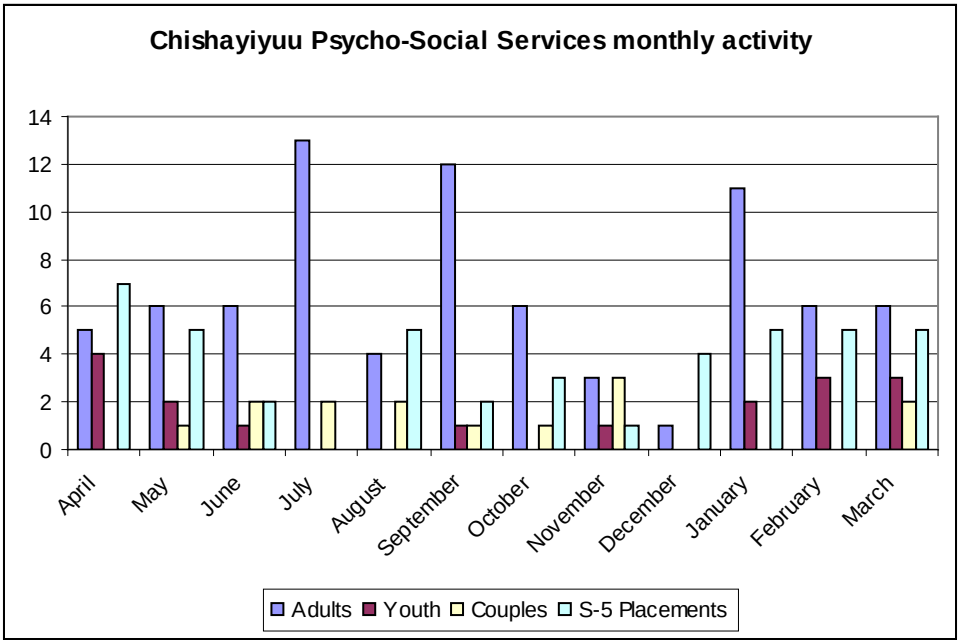
Although, there was turnover of staff in the psycho-social services and new workers to be hired to fill in the vacant positions, the spirit of the team remains strong.

Psycho-Social Services
A Suicide Crisis Team is still being developed following a number of suicide attempts in January 2010. They aim to have a protocol in place to better respond to these crises.

S-5 placements have, in the past year, mainly been for children or elders that do not have anyone to care for them when their main caregiver has to go out of the community for medical reasons. There are also special needs clientele that are placed in a foster home when the main caregiver needs respite.

Cases

Adults	76
Youth	17
Couples	14
S-5 Placements	44



Home and Community Care Program

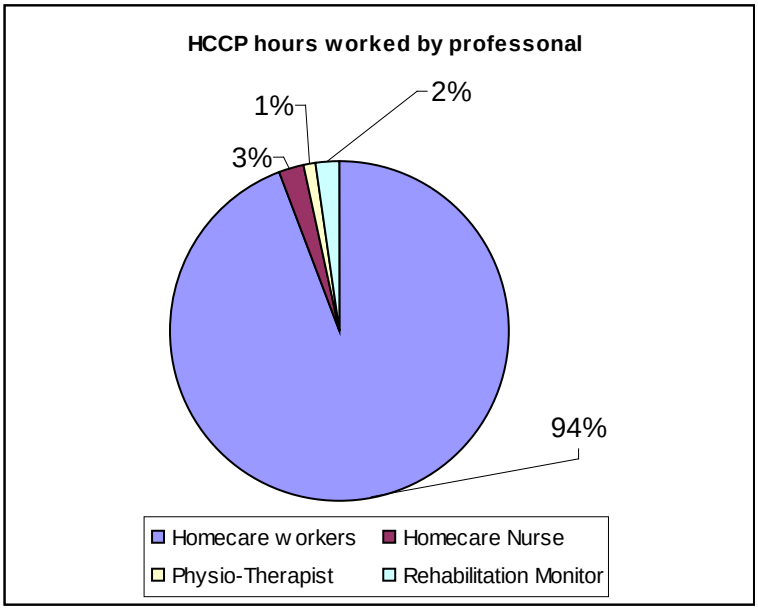
With sadness we saw the passing of two our clients in August and in September. Losing a client, a community member, is one of the difficulties we face in the type of work that we do. Especially in a small community where everyone knows everyone and it's like one big family.

Staff

Current	Vacant
1 Home Care Nurse 1 Home Care Community Worker 1 Rehabilitation Assistant (Home Care) 5 Home Care workers	

Homecare Services

	Clients	Home visits	Hours
Homecare workers	133	4219	3766
Homecare Nurse	122	538	105
Physio-Therapist	309	223	40
Rehabilitation Monitor	75	375	89



Current Services

The development of Current and Chishaayiyuu Services is still at a beginning stage. Some new employees joined us for positions created under the new organization chart had to do on-the-job training with the help and support of local experienced workers.

The Head of Current Services/Chishaayiyuu had to leave 2 months after the move for family reasons, returned for the last two weeks in August then submitted a resignation to our organization. The HCCP nurse took the responsibilities covering this position on interim bases until April 9, 2010 and is now the Head of Current Services/Chishaayiyuu.

Staff

Current	Vacant
1 Head Nurse 4 Nurses 1 Nurse (Homecare & Community Program) 2 Attendants in a Northern Institution 1 Nutritionist 1 Doctor (permanent) 1 Dentist 1 Dental Technical Assistant	1 Dental Hygienist

Total consultation	Curative	Program
Nursing	10909	880
Average client/nurse	11	
Average weeks with doctor on site	36	

Nutrition Services

Individual consultations: In all, 135 different patients were seen in nutrition as private consultations at the clinic, during home visits or at MSDC (not including the follow-ups). The most common reasons of consultation are the following: Type 2 Diabetes and Impaired Glucose Tolerance; Gestational Diabetes; High Blood Pressure; Dislipidemia; Teenage pregnancy; Anaemia; Weight loss, Obesity; Malnutrition.

Consultations

Awash (0-9)	86	30	35%
Uschiniichisuu	48	17	35%
(10-29)			
Tchayo (30+)	146	62	42%
Total	**280**	**109**	**39%**

Physiotherapy services

There are currently 4 program areas in which the physiotherapist is delivering services:

1) Current Services
2) Awash & Uschiniichisuu Programs
3) Home and Community Care Program (HCCP)
4) Multi-Service Day Center (MSDC) Program

Physiotherapist direct client care

Programs	**Current Services/Chisayiyuu**	**Current Services** Paediatric	**Awash & Uschiniichisuu** **	**HCCP**	**MSDC**	Total
New	100	18	1	32	16	167
Discharges	74	9	0	12	7	102
# Visits	220	41	1	81	152	495
# Group Interventions	0	0	0	0	20	20
Day care/school	0	17	0	47	0	64
Did not attend*	7	3	1	3	3	17
Cancelled *	15	2	2	17	10	46
Direct Care time in minutes	13 655	5 270	195	16 150	13 300	48 570
Direct Care time in HOURS	227.58	87.83	3.25	269.17	221.67	809,5

**** Missed appointments (Did not attend) and cancelled ones were not included in the number of clinic or home visits. Data are separated in order to be specific and facilitate analysis.***
***** This program was not fully implemented yet thus paediatric clients were still seen under the Current Services Program.***

Caseload per program

PROGRAMS	**CURRENT SERVICES 1) Adults**	**CURRENT SERVICES II) Paediatric**	**AWASH & Uschiniichisuu**	**HCCP**	**MSDC**	**TOTAL**
# ACTIVE CLIENTS	40	9	1	20	11	81
# CLIENTS on WAITING LIST	118	5	0	0	2	125

Other activities:

- Program (HCCP, MSDC) and team (Interdisciplinary, Awash) meetings
- Nurses Meeting weekly (case discussion, providing information, etc).
- Participant to the Cree Regional Advisory Committee for Special Needs
- Supervision of PT Student.
- Fall Prevention Workshop and pamphlet.
- Creation of a poster and pamphlets explaining how to adjust walking aids.
- Physiotherapists phone conference call team meetings.
- Annual Rehabilitation Professionals Team Meeting in Chisasibi (Oct. 5-9, 2009).

Conclusion

I would like to congratulate the Wemindji team for all their hard work, patience and perseverance they have shown in the past year. Without them this would have not been a successful year. A personal message for the Wemindji team, whatever comes your way, I know you will do your utmost to conquer it without hesitation as you always have done in the past year and will continue in the years to come. Be proud of what you have achieved and overcome the past year.

Teamwork is the key to success, and the Wemindji team has proven this by their hard work despite the challenges and obstacles we encountered in the past year.

Josephine Sheshamush
Local Director (Interim)
Wemindji CMC

Pimuhteheu Group

FOREWORD

In July 2008, the Cree Board of Health and Social Services of James Bay (CBHSSJB) mandated a new organizational structure to support our work.

The implementation of changes in our structure and operations advances relationships that improve and protect the health and well-being of the people of Eeyou Istchee.

The purpose of this work has been to establish a greater traditional Cree approach in program development, delivery and service. This Annual Report describes the work undertaken over the past year in this regard.

There can be no single person or accomplishment that represents our entire success or work yet to be done. However, the coordinated response to the H1N1 response by the health board must be acknowledged. Our efforts led to the marked reduction in incidents of the disease as well as a record vaccination campaign that saw 81% of men and 87% of women of Eeyou Istchee get vaccinated- the highest rates of vaccination across the province. While the global H1N1 pandemic continues to be a serious threat, as a team, we dealt with people, their health and well-being. A special thank you must be given to Jason Coonishish, Louise Pedneault, Dr. Robert Carlin, Jocelyne Cloutier, Reggie Tomatuk, Laura Bearskin, Solomon Awashish, Louise Carrier, Katherine Morrow, Malika Hallouche, Bella Petawabano and Linda Jones for all their time and dedication during the pre-pandemic and pandemic stages.

While being appreciative for having had the opportunity to make a contribution to these efforts over the past two years, I am also deeply grateful of all efforts made by all staff in support of the reorganization. This Annual Report will mark my last as Assistant Executive Director; I am moving on to new work responsibilities in the near future.

Thank you,

Paula Rickard
Assistant Executive Director- Pimuhteheu

Public Health Department of the Pimuhteheu Group

INTRODUCTION

The Public Health Department of the Cree Territory of James Bay was created in 2002, as part of the Cree Board of Health and Social Services of James Bay (CBHSSJB), Region 18 of the Ministère de la Santé et des Services Sociaux du Québec. Its mission is to carry out public health functions and to implement the National Public Health Program in the region. Its main duties are surveillance, promotion, prevention, protection, public policy and regulation, research and communications relating to the health and well-being of the population in the territory defined through the James Bay and Northern Quebec Agreement. The Public Health Department of the Cree Territory of James Bay – which is a legal entity – is administered through the Pimuhteheu Group for the CBHSSJB.

The year 2009-2010 will be known as the year the Influenza A (H1N1) virus caused a world-wide pandemic with the first cases being reported in April. In Iiyiyiu Aschii, the first hospitalized cases were reported in June 2009 and Public Health, along with Emergency Measures - Health Mission, were mobilized to react rapidly to prevent severe cases of infection from the virus. The regional and supra-regional pandemic plans were updated and applied rapidly. The entire Cree Board of Health and Social Services contributed time and resources to this initiative. Considering the prevalence of contributing factors for possible severe cases of the Influenza A (H1N1) in the region, communities and entities alike were mobilized to ensure that preventive measures, including the cancelling of some public gatherings, were put in place, to protect the health of the population.

During the first wave of the pandemic (week of April 19 to August 23, 2009), the hospitalization rate for Influenza A (H1N1) for the region was 33 times that of Québec, while the rate of ICU (Intensive Care Unit) admissions was 15 times higher than for the rest of Québec. During the second wave (August 30 to December 27, 2009) of the epidemic, the hospitalization rate was 4.6 times, and the regional ICU admissions rate was 13.5 times that of Québec. For both waves of the pandemic, the age of hospitalized cases was similar (26 years) or younger than that of Québec. Most of the hospitalized cases had one or several underlying factors (diabetes, heart disease or obesity). There was one fatality in the region due to Influenza A (H1N1).

The vaccine was made available for the total population of Eeyou Estchee at the start of November. The vaccination campaign was a real success thanks to the participation and the collaboration of all regional and local levels of the Cree Health Board Health and Social Services, as well as other Cree entities in the region including the Cree School Board and the local schools and the Cree Regional Authority and local Band offices. Regional and local leaders supported the vaccination campaign resulting in regional vaccination coverage of 84%. This year's Influenza A (H1N1) vaccination campaign was the most successful in Québec.

The 2009 Influenza A (H1N1) campaign will be remembered as a success story for the Cree Board of Health and Social Services of James Bay and illustrates what can be done through a concerted and coordinated effort of all towards the attainment of a health goal. The lessons learned from this experience should inspire the Cree Health and Social Services Board for the future.

Structure and areas of work

A major reorganization was initiated in 2007 and continued during 2008-2009 when the Public Health Department was incorporated into the larger Pimuhteheu Group which administers Public Health functions as well as regional level planning and support activities for services.

The main objective of the Public Health Department is to develop and implement a culturally sensitive Regional Public Health Program in Iiyiyiu Aschii, in conformity with Québec's National Public Health Program 2003-2012. Responsibilities group under the following types of activities:

- health protection activities: infectious diseases, immunization, environmental health, health in the workplace;
- prevention activities: non-intentional trauma, chronic diseases prevention, maternal and child health;
- health promotion activities: community development, school health, life habits;
- along with the supportive functions of surveillance, research, evaluation, clinical preventive practices, public health communications and competency development..

Since 2008, the Public Health Department has been led by an acting director who works for the region on the basis of one-day a week, with support from an administrative consultant. The Uschiniichisuu Team which is minimal at present lost its acting assistant director in June, 2009, the assistant director returned in July and resigned in October and an interim Assistant Director of Public Health Uschiniichisuu was named in January 2010.

The Cree Board of Health and Social Services Strategic Regional Plan calls for establishing in each of the nine community health and wellness centres, an Awash, an Uschiniichisuu and a Chishaayiyuu program of services with specific and targeted activities. Public Health is developing and implementing, with all communities, prevention and health promotion as well as health protection activities for the population at large. At the same time, in collaboration with Health Services, Public Health is supporting the implementation of the Public Health Services Program of the Strategic Regional Plan, in each of the nine communities. The hiring of the necessary personnel at the regional and local levels is an essential ingredient to the full and successful realization of the plan.

Strategies

Within our public health files, the main strategies used are: support to vulnerable groups, strengthening the potential of individuals, support for community development, participation in inter-sectoral activities to create an environment supportive of healthy and satisfying lifestyles, and within the health clinics, encouraging the use of efficient clinical preventive measures.

The Public Health programs at the Cree Health Board are defined according to natural life cycles: Awash (0-9 years), Uschiniichisuu (10-29 years), Chishaayiyuu (30 years +), with support from the Surveillance, Evaluation, Research and Communications (SERC) Team and are being adapted to reflect Cree culture, values, traditions and teachings, where possible.

GENERAL CONSIDERATIONS

This section begins with an overview of the overarching priorities of each program area.

Awash Programs are for children between the ages of zero and nine and their families

The priority is to ensure that "babies are born healthy, grow up and remain healthy" throughout their first years of life. The Amaskuupimatiseat Awash involves a full continuum of services including health promotion/prevention interventions, diagnostic and curative services, as well as rehabilitation and palliative care. The services are meant to be delivered using a family-centered and culturally competent approach. These are being progressively implemented in Mistissini, with some work being done also with Wemindji and Oujé-Bougoumou. Later they will gradually be implemented in the other communities according to their preparedness. The regional Public Health team was actively working on the Midwifery program which has now been taken under Health Services. Maintaining adequate vaccination coverage, preventing and controlling infectious disease and implementation of the dental health program also contribute to ensuring that babies grow up and remain healthy, these activities are located within the Awash Team but cover all age groups.

Uschiniichisuu Programs are for youth between the ages of 10 and 29 years of age

The priority for the next two years will be on school children so that they are "healthy, do well in school and grow up to be healthy and balanced adults." The only program operating in this age group is the Chî Kayeh program, a culturally adapted and unique healthy sexuality program which is strongly supported by an evaluative research team at the Université du Québec à Montréal. Public Health is supporting its implementation in the school curriculum, and this will be essential over the coming years to assure the continuation of this program and the attainment of its goals.

The Uschiniichisuu Program, despite the range of issues in this age group, has been without a regular assistant director since the fall of 2008 (and in periods prior to that as well) and although work is being done by Planning, Programming and Research Officers (PPRO) in other programs (Awash and Chishaayiyuu), the priority is to rebuild this program sector, by hiring the necessary personnel to meet our social challenges, health promotion and disease prevention goals for this age group..

Chishaayiyuu Programs are for adults, 30 years and over

A priority for this age group is the prevention and control of chronic diseases as well as the promotion of healthy lifestyles. This is an essential element in the Public Health operational plan for all age groups, as preventing chronic diseases at an early age is especially important in Cree territory. The team will build on existing cooperation with the communities and Cree Miyupimaatisiiun Centres in order to encourage health-promoting activities, to create supportive environments, to build healthy policies and to create awareness for healthy lifestyles (nutrition, non smoking, physical activity) in the communities, and also to provide support for the clinics to achieve better results for patient monitoring and management of chronic diseases.

The project to evaluate the use of traditional medicines for diabetes care is an effort to integrate aboriginal approaches into the clinical environment. Although the public is aware of the issue of

diabetes in the territory, the challenge remains to mobilize around reducing the incidence of diabetes especially in youth and young adults as well as that of hypertension, in conjunction with developing a program to promote a more active and healthy lifestyle.

Chishaayiyuu also works for the promotion of a safe and healthy community and the prevention of health hazards due to infectious agents as well as physical and chemical hazards in the home, school, and work and community environments. Finally the Chishaayiyuu team works on minimizing the health impact of environmental contaminants as well as development projects.

Surveillance, Evaluation, Research, Communications and Clinical Preventive Practices support the work of the other teams

The supportive functions of this team are focused on surveillance and reporting on the health of the population; research to understand health and social issues; quality assurance of clinical management of chronic diseases, especially diabetes; clinical preventive programming; program planning assistance; community health program evaluation; maintaining Public Health competencies; and Public Health communications to the population of Iiyiyiu Aschii.

The Public Health Clinical Department provides expertise in the work of each of the teams

Members of the clinical department work within their respective teams and a member of the clinical department should usually be involved in any public health intervention considered to involve a medical, dental, or pharmaceutical act.

Collaboration with national and federal public health agencies and ministries

Public health professionals and physicians collaborate throughout the year with national and federal agencies and ministries such as the Institut national de santé publique du Québec, the Ministère de la Santé et des Services Sociaux du Québec, Health Canada, the Public Health Agency of Canada, and Statistics Canada and the Bureau des statistiques du Québec on permanent committees, thematic tables and ad hoc working groups and so forth. The team also collaborates with other Aboriginal health organisations on a recurrent or ad hoc basis. Throughout the year, scientific presentations are made about aspects of our work at local, regional, provincial, national and, occasionally, international forums. Most of these presentations are posted on the website at www.creehealth.org.

Direction of the Public Health Department of the Pimuhteheu

Dr. Richard Lessard	part-time Acting Director (from July 2008)
Dr. Elizabeth Robinson	part-time Public Health Medical Advisor
Linda Jones	Assistant Director of Public Health (on contract)

The Public Health Department continued to work and rebuild the teams with the development of new and revised job descriptions for key positions left vacant over the past year. The hiring process has begun and will continue over the next year.

Regular Public Health Management coordination meetings were held every two weeks to discuss and support files, to coordinate team work and to facilitate communication between the managers.

Clinical Department of Public Health

Dr. Richard Lessard	part-time Acting Public Health Director based in Montreal; Director of Montreal Public Health
Dr Anne Andermann	part-time community health specialist; community medicine advisor in SERC team based in Montreal; specialist PREM in Region 18 (CBHSSJB) (on maternity leave and leave during 2009-10)
Dr. Thérèse Bouchez	community health specialist acting manager for the Uschiniichisuu Team, based in Montreal; specialist PREM in Region 18 (CBHSSJB) (resigned June 2009)
Dr. Robert Carlin	part-time infectious disease medical advisor in Awash team based in Montreal; PREM in region 6 (Montreal)
Dr. David Dannenbaum	part-time chronic diseases and diabetes medical advisor in Chishaayiyuu team based in Montreal; PREM in Region 6 (Montreal)
Dr. Felix Girard	dental advisor in oral health in Awash team based in Mistissini; PREM in Region 18 (CBHSSJB)
Dr. Carole Laforest	part-time clinical prevention medical advisor in SERC team based in Montreal and Great Whale; PREM in Region 18 (CBHSSJB)
Dr. France Morin	part-time STI medical advisor in Awash team based in Bedford; PREM in region 5 (Estrie)
Dr. Elizabeth Robinson	part-time community health specialist; Public Health Medical Advisor and community medicine advisor in Chishaayiyuu team based in Montreal; specialist PREM in Region 6 (Montreal)
Dr. Jacques Véronneau	part-time public health dental research advisor in SERC team based in Montreal
(to be filled)	community health specialist in workplace health-CSST in the Chishaayiyuu team

Members of the clinical department are governed by “Les règles du département clinique de la santé publique” that were first adopted on December 14, 2007 and they are part of the Council of Physicians, Dentists and Pharmacists of the Cree Board of Health and Social Services of James Bay. The Head of Clinical Department is responsible for elaborating the rules of the department including call lists for members of the department. He or she is nominated by the CBHSSJB after consultation with the

CMDP. He or she is also consulted in determining the number and distribution of doctors, dentists and pharmacists within the department when developing any organizational plans.

Public health on-call system

Members of the clinical department are also responsible for providing emergency coverage for issues requiring a public health physician outside of regular working hours. This 2nd line on-call system assures 24-hour support to first line workers working in clinics. Its aim is to provide timely consultation on topics which may threaten the health of the population, either infectious (such as bite exposures, post exposure prophylaxis, outbreaks, etc.) or environmental in nature (water contamination, indoor air quality and so on) outside of regular working hours.

Requests to contact the doctor on-call for public health come from doctors working in the clinics in the region or in some cases from nurses in the communities or community workers, if necessary. The system works through the public health offices during regular working hours and through an emergency cell phone during holiday periods and outside of usual working hours.

This system operates 365 days per year, 24 hours per day, and the physicians in Public Health manage it by rotating through an on-call system to respond to urgent public health situations. As well, the environmental health officer in the Chishaayiyuu team, the communications officer in the SERC Team and the Coordinator responsible for pre-hospital services in the Pimuhteheu Group are also on-call for specific types of emergency responses.

Awash Miyupimaatisiiun Team

Bella Moses Petawabano	Assistant Director of Public Health - Awash Miyupimaatisiiun, Mistissini
Christine Roy	Acting Assistant Director of Awash Miyupimaatisiiun (April 2009 to October 2009) and Midwifery consultant (October 2009 to mid-March 2010)
Robert Carlin	Medical Advisor (part–time) for Infectious Diseases
Hélène Denoncourt	Clinical Genetic Nurse – Educational and carrier screening program for Cree leukoencephalopathy (CLE) and Cree encephalitis (CE)
Martine Drolet	PPRO - Promotion of Healthy Sexuality (leave of absence from mid August 2009)
Dany Gauthier	Certified Lactation Consultant
Marie-Hélène Gilbert	PPRO – Canada Prenatal Nutrition Program
Felix Girard	Dental Advisor in Oral Health
Malika Hallouche	PPRO - Dental Health
France Morin	Medical Advisor (part–time) for Sexually Transmitted Infectious Diseases
Louise Pedneault	PPRO - Immunization and Genetic Counselling (on leave of absence from Nov 2009)
Anny Tremblay	PPRO – Amaskuupimatiseat Awash Integrated Services
(transferred to services)	Midwifery Advisor
(To be filled)	PPRO – Children and their Parents Health Program
Geneviève Dubé	Nurse Counsellor – Prevention and control of infections (from February 2010)

The team's work has involved providing support in the planning, development, organization and coordination of Amaskuupimatiseat Awash, Midwifery, Prenatal Nutrition, Breastfeeding, Dental Oral Health, Infectious Diseases, Prevention and Control of Infections, Healthy Sexuality Immunization and Genetic Counselling.

Main Objective 2010-2011

The main objective for 2010-2011 is to continue to support the members of the Awash Team in the implementation of their operational plans; to ensure the hiring of all Awash vacant positions; to continue to support the Local Directors of Health and Social Services through local training of local program heads and implementation of program activities, along with the development of information systems to monitor the implementation and outcomes of Awash programs. The 6-9 year age group will continue to receive activities in vaccination and oral health as well activities from the Chishaayiyuu team in nutrition, physical activity; non-smoking, injury prevention and chronic diseases. The reconstruction of the Uschiniichisuu Team will help facilitate school related activities in collaboration with the Awash Team and the school health nurses and social workers.

Amaskuupimatiseat [2]

[2] Because of the importance of this new approach and the fact that it is not well understood within the organisation at the present time, we are presenting this in more detail here than we have allowed for the reports of other files which follow.

Amaskuupimatiseat Awash Integrated Services (AMAIS) represent a new way of delivering services to pregnant mothers, children 0-5 and their families so that their needs are better met. They involve a full continuum of services including health promotion / prevention interventions, diagnostic and curative services, as well as rehabilitation and palliative care.

The services are meant to be delivered using a family-centered and culturally competent approach, meaning that: services are mainly delivered to individuals/families during home visits by a Cree community health worker; this family home visitor works in close collaboration with other health care professionals as part of a local interdisciplinary team; the intensity of the family's follow-up is to be tailored to its needs.

AMAIS also includes an important community component which aims at creating "family-friendly" communities. In order to implement this component regionally, the CBHSSJB has entered into agreements with the Cree Regional Authority to share responsibilities pertaining to the provision of services and the management of federal funding.

Activities supporting the development of services in 2009-2010

Mistissini

Activities continue to be concentrated on the piloting of the services in Mistissini. The goal is to test the feasibility of the implementation of AMAIS in terms of resources needed, training required, intervention and monitoring tools, etc., so that standardized protocols and implantation guidelines can be developed for expansion of AMAIS to the other communities of the territory. Although this initiative requires quite a bit of investment, it is useful to acknowledge that it normally takes about five years to implement such an ambitious project; we are presently in our third year. The development of the individual and community components is gradually evolving while the integrated services approach is being developed by the interdisciplinary and inter-sectoral teams. A permanent committee of community partners was created; regular meetings are being held and an action plan was developed according to the priorities identified by the community partners. Streamlining of some community-based services is also under way.

Wemindji and Oujé-Bougoumou

Wemindji has been identified to be the second community to host the AMAIS. Although the pilot project is still under way in Mistissini, preliminary steps were taken in the spring of 2009 and throughout the year to put in place the basic conditions for a full implementation of the services in Wemindji for the upcoming years. And the community of Oujé-Bougoumou has begun to gradually start implementing the groundwork for AMAIS.

Challenges

Many challenges remain to be addressed before attaining full implementation of the program: frontline workers stated feeling overwhelmed by the scope of the work to be accomplished, and in need of clinical supervision; several sick leaves were reported during the year; Some home visitors need an organized means of transportation to carry out their visits; multidisciplinary teams require psychosocial support in order to address the complexity of family psychosocial needs such as family violence, addictions, sexual abuse, etc.; families also require complementary resources such as: Psychological help for mental health problems, psychological distress, etc.; specialized services for children

presenting developmental problems; community resources to address difficult life conditions (respite care – food insecurity resources – foster homes…)

Upcoming year
The primary objective for 2010-2011 will be to complete the implementation of the pilot AMAIS in Mistissini. However, the key to our long-term success consists in ensuring that an integrated network of services for families for the whole region is in place, and that a case management system is effective before going any further with the full implementation of the AMAIS. We will also continue to support other communities so that they may prepare to host the services, by ensuring that they can implement the Maternal and Child Health Program, which includes the provision of the basic care that all mothers and children of Iiyiyiu Aschii are entitled to. Along with the finalization of our implementation guidelines, a process evaluation of the pilot in Mistissini is being planned to guide the gradual deployment of the services in other communities. An official launching of the AMAIS followed by a large-scale promotion campaign will be organised to highlight the importance of supporting parents to raise strong and healthy children.

Other public health activities in 2009-2010 linked to AMAIS
Again this year, we were fortunate to have access to federal funding to support the development of AMAIS, namely through the Maternal and Child Health Program and the Aboriginal Health Transition Fund. Although these were supportive in developing partnerships between organizations regionally and locally, they also helped to hire external resources for consultation, training, coaching, and clinical support. Funds also allowed us to design promotional material such as pamphlets, banners and a logo for the program.

Participation in the perinatal policy working group and to the regional committee of respondents for the SIPPE ensured visibility for the CBHSSJB and provided us with much-needed information from our provincial counterparts.

Finally, efforts were made to develop a regional vision on integrated services by networking with other departments within the organization, in order to better plan the integration of social services, mental health programs and special needs services to the AMAIS.

Midwifery

There was significant activity on this file. Several planning documents were prepared describing the process of introducing services into the region; two presentations were made to the Board of Directors, and the Waapimausuwin Midwifery Working Group worked with the special sub-committee on midwifery set up by the CMDP. A visit of Mistissini and Chisasibi was done with Dr André Lalonde, v-p of the Society of Obstetricians and Gynecologist of Canada. Presentations were also done with the Regional Elder's Council, and Chief, Councils and communities of Mistissini and Chisasibi. Courses were developed and taught to nurses and CHR's on obstetrical skills, drug and alcohol abuse in pregnancy and prenatal class teacher training. Finally towards the end of the year, all midwifery planning was moved under local services.

Prenatal Nutrition

The vision *is to* improve the Health of Mothers and Babies, while the plan for 2009-2010 was to support health care workers improve their knowledge of prenatal nutrition and infant nutrition (0 to 9

years old); to financially support local initiatives such as baby food workshops, cooking classes, breastfeeding week activities, etc. and to promote healthy eating habits during pregnancy and childhood 0 to 9 years old. This same program will continue for 2010-2011.

The accomplishments and the challenges
Training on prenatal and infants nutrition (0 to 9 years old) was developed and delivered to the Mistissini Awash nurses, the Mistissini Breastfeeding support group leader and to the Wemindji Awash CHRs and Community worker. A 15 minute show on *How to make baby food* was recorded and put on the air during the Health Radio Shows. Promotional and support material was produced and/or distributed to the target population through the local health care workers. This included breastfeeding t-shirts, baby carriers, cotton bags including healthy nutrition promotional material glass jar for breast milk preservation, 100% cotton breast pads etc. Baby carrier promotion and distribution was started in 5 communities. Financial support was given through open purchase orders at grocery stores and/or gift certificates to 8 communities. Also, the *Tiny Tot to Toddler* booklet was distributed.

Breastfeeding

Main Activities 2009-2010
This year, the focus was on the creation of a committee for the implementation of the Baby-Friendly Initiative (BFI) in all 9 communities of the Cree territory. The committee is made up of 15 members: the Lactation Consultant, the prenatal nutrition PPRO, a midwife consultant, the Awash Integrated Services coordinator, the Assistant Director of Public Health for Awash and one member from each of the 9 communities.

Training continued throughout this year so that health care workers in Region 18 become trained under the provincial BFI 18 hours training. The entire Amaskuupimatiseat Awash Integrated Services teams of Oujé-Bougoumou and Wemindji received the 18 hours training.

The Breastfeeding Policy sent for consultation last year was reviewed and rewritten in a simpler language following recommendations from the consultation and the CBHSSJB.

As usual, many activities were organized in the 9 communities during Breastfeeding Week. For the first time, an open-line radio show was held. A countdown was made towards a Breastfeeding Challenge and a picture contest resulted in a wonderful traditional picture being chosen and now available to promote breastfeeding in the territory.

Three newsletters for health care workers were written. They will to be distributed every 3 to 4 months by e-mail to all TCR 18 users.

With the implementation of the Amaskuupimatiseat Awash Integrated Services program, a support group coordinator is to be named and integrated to the local teams. In partnership with the Social Development Department of the Band Office, a first support group leader was named in Mistissini and training begun in September 2009. This support group will cover mostly breastfeeding but it will also cover other themes related to pregnancy, birth, nutrition and child care and development.

Continued support was given to all 9 communities by the regional lactation consultant.

Objectives 2010-2011

Our objective is to continue with the implementation of the Baby-Friendly Initiative in each of the 9 communities.

Dental-Oral Health

In 2009-2010, community health activities in oral health reached a level never achieved before. In link with the SRP and the National Public Health Action Plan, most public health interventions in oral health targeted the reduction of tooth decay, among youth less than 18 years of age, and the improvement of health habits related to oral hygiene, among persons of all ages. Activities in line with the Public Health Action Plan were developed in communities which had at least one permanent dental hygienist.

Two new public health programs were implemented in some communities: the school-based dental sealant program and the school-based preventative follow-up program. Preliminary collaboration mechanisms have also been established with the local Awash Miyupimaatisiiun teams. Some activities (fluoride applications and hygiene instructions) have been offered (in Wemindji, Chisasibi and Mistissini) by the Dental Hygienists in the Awash clinics and daycare centers as part of the Maternal and Child Health program.

In addition, according to their availability, Dental Hygienists continued to carry out educational activities (hygiene instructions, healthy food and tooth brushing demonstration) in daycare centers and schools, in Chisasibi, Mistissini, Wemindji and Waskaganish. In Mistissini, over 110 students received a dental screening at the school, in link with the new school-based programs. In February and March 2010, over 200 teeth were protected using dental sealants. In addition, 73 children received fluoride application during the same period, and 40 received individual oral hygiene instructions. In link with these new activities at the school, a new referral system for services that are provided at the dental clinic was developed, as well as new ways to communicate with parents and the community in general. The community health representative working in the Uschiniichisuu team worked with the dental hygienist in many activities, including a radio broadcast. Preliminary discussions took place with the local Awash team in order to offer oral health services at the Awash clinic. In Wemindji, the dental hygienist in the local Awash Miyupimaatisiiun team, provided services in link with our public health objectives, such as fluoride applications and oral hygiene instructions at the Awash clinic, in daycare centers and at the elementary school. In Waskaganish, Drop the Pop activities were held in March 2010. The dental hygienist worked in collaboration with the local nutritionist. In Chisasibi, many oral health prevention and promotion activities were driven by the two local dental hygienists and discussions were initiated with the school administration in order to implement the two new school-based dental prevention programs in the community

They also worked with nutritionists to organize Oral Health Month activities targeting the link between pops, snacks and oral health. Oral Health activities were supported by the regional Public Health Department. The oral health regional implementation team is composed of two members, within the Awash regional team: Mrs. Malika Hallouche, Planning, Programming and Research Officer in Oral Health, and Dr. Félix Girard, Medical advisor in Oral Health. They worked together to connect the Public Health Action Plan with the premises of the Strategic Regional Plan (SRP), to provide useful interventions in Iiyiyiu Aschii.

Challenges
In order to fully implement the school-based oral health programs, local CMC directors need to prioritize the hiring or dental hygienists in their communities. Approved positions need to be posted, and vacant positions need to be posted again. Typical office space and lodging issues need to be resolved. Also, local administrators (directors and heads) should continue offering local support to dental hygienists, for example when they need help to access the local school environment.

Portable dental equipment needs to be bought for each community. A list of the equipment that is required has been submitted for each CMC expansion / construction plan.

Cree School Board and Cree Health Board need to build a stronger partnership in order to implement *Healthy Schools* in Eeyou Istchee. Oral health programming is an important component of the *Healthy School* approach.

In 2010-2011, we will continue to implement the dental sealant program in the elementary schools in Eeyou Istchee. Chisasibi is the second village where the program is being implemented. For the school-based preventative follow-up program, which started in Mistissini and Wemindji, implementation will be supported in Waskaganish and Chisasibi.

The oral health regional implementation team supported the local dental hygienists in their work through regular meetings and by providing up-to-date educational material (existing educational material was updated and new documents were developed). In addition, a regional training on dental sealants was organized in February 2010 in collaboration with Dr. Bernard Laporte from MSSS and Dr. André Lavallière, from the Eastern Townships region. New statistic tools were developed in collaboration with the SERC Team to help us keep track of the activities that are being offered in the communities.

Infectious Disease Programs

Two part-time physicians and three full-time public health nurses lead the work to manage infectious disease programs which are grouped under: infectious diseases, immunisation, healthy sexuality, and prevention and control of infections. Unfortunately, the healthy sexuality nurse went on extended leave in August 2009, and the immunization nurse on leave from November 2009. However, we were fortunate to hire a full-time nurse in prevention and control of infections in February 2010.

The main goal of the infectious disease program in the region for 2009-2010 was to mitigate the effects of the influenza H1N1 outbreak in the region.

Activities 2009-2010:
During this year the team maintained an infectious disease surveillance system and responded to declarations of reportable conditions. This included but was not limited to *Haemophilus influenza* type a, hepatitis B/C, and invasive group A streptococcus. It also involved organizing a call system so that public health physicians are able to respond to urgent requests outside of regular working hours.

Three outbreaks were investigated in 2009-2010: an outbreak of invasive *Streptococcus pneumonia* disease (during the influenza pandemic), 2 waves of influenza H1N1 outbreak, and a mumps outbreak. The team supported interventions related to the influenza H1N1 outbreak, provided regional surveillance reports concerning the outbreak through monitoring of lab confirmed cases and reviewing influenza-like illness reports, answered questions from clinical and administrative staff concerning influenza, ensured that tools and guides were available to address the influenza outbreak, participated and organized regional meetings and maintained provincial public health linkages, provided an increased presence in the region with multiple presentations to health and political structures in the region, and answered *ad hoc* vaccination questions.

The main goal for 2010-2011 will be to maintain a surveillance system for reportable diseases and provide a regional update concerning the incidence and prevalence of reportable infections in the territory while providing support to the CMCs on infectious diseases.

Promotion of healthy sexuality

Unfortunately, the health promotion aspect of the work on this file stopped in the summer when the PPRO responsible for the healthy sexuality file went on a one-year leave. From April until her departure, she continued with the work set up before, mainly the promotion and distribution of culturally sensitive material on Sexually-transmitted and blood-borne infections (STBI) prevention aimed at 15-19 yr olds, while also providing support on the implementation of youth clinical services and STBI screening by school nurses and CHRs. Also the tools for the regional Implementation of the Provincial Collective Agreement on Hormonal Contraception were finalised and distributed.

The part-time medical advisor on this file continued the clinical support work on sexually transmitted diseases through support to youth clinic nurses in the communities as well as providing direct clinical supervision, case and contact management, and epidemiology investigations (gonorrhoea cases, special Chlamydia cases, hepatitis C and syphilis). The processes and procedures were enacted so that nurses can now initiate contraceptive interventions with healthy women.

Main Objectives 20010-2011
In the coming year, the main activity will be to fill the vacancy in the position for promoting health sexuality. The clinical supervision of STBIs as well as epidemiologic investigations for gonorrhoea cases and special Chlamydia cases will continue as before.

Immunization

As discussed at the beginning of this report, the H1N1 campaign occupied tremendous resources in the region, but with great success. Continuing from previous years, continuous support was provided to everyone working in the clinics and doing vaccinations, including ensuring that they received timely information in all areas related to the different vaccinations. Region 18 was represented at meetings of the Ministry concerning immunization and management of immunization products, and at the provincial level for nurses-vaccinators for implementing the Panorama, surveillance program for vaccination.

Educational and carrier screening program for CLE and CE

Main Activities for 2009-2010
The Program is carried out by one full-time nurse to deliver the services into the 9 communities; counselling and screening are offered to couples in age of childbearing. Community presentations and promotional activities were delivered to combinations of people working in the Cree School Board, the Cree Board of Health, and Childcare Centres etc.

A School-Based Program has been implemented in the 9 communities for two years now and is addressed to students over 14 years of age. This year those who had been tested the year before answered a retention test to verify the understanding of their status. This year the same activity was proposed to Continuing Education and Vocational Training Center students.

A school nurse in Mistissini was trained to perform genetic counselling. An update of the program was presented at the Annual Nurses Training, at a meeting of paediatricians at the Children's Hospital and at the regional doctors' meeting. As well, during each visit in a community, the opportunity was also used to continue to update clinical staff and to be available for consultations.

A Symposium was organized in collaboration with the Sainte-Justine Hospital genetics team and Eeyou Awaash Foundation (EAF) to review the program; the carrier rate was also recalculated by Sainte-Justine's geneticist Dr. Laberge (2 to 3 on 20 for CLE, 1 on 20 for CE).

The promotional and counselling tools were reviewed and approved by CMDP. The prenatal checklist and information on CLE and CE included in the Maternal and Child Health Program were reviewed in collaboration with Dr.Ingrid Kovitch, and these modifications should be approved soon by the CMDP.

An interview with Annie Bearskin, the President of the Eeyou Awash Foundation, and Hélène Denoncourt, the Nurse Counsellor was given to The Nation (December 2009).

Main Objectives for 2010-2011:
For the coming year, one goal will be to increase promotion at the first trimester with the collaboration of health workers by using appropriately the checklist. One goal is to consolidate the School-Based Program with the CSB. A screening project for a genetic metabolic disease, MCAD, may be initiated this year in collaboration with the Montreal Children's Hospital.

Uschiniichisuu Miyupimaatisiiun Team

Thérèse Bouchez	Acting Assistant Director of Public Health for Uschiniichisuu Miyupimaatisiiun (resigned June 2009)
Manon Dugas	Assistant Director of Public Health Uschiniichisuu (returned from leave of absence in July and resigned in October 2009)
Solomon Awashish	Acting Assistant Director of Public Health Uschiniichisuu (starting January 2010)
Isabelle Duguay	PPRO – School Programs (temporary, part-time),
Françoise Caron	PPRO – School Health Chi Kayeh (temporary, part-time)
(Josée Quesnel)	PPRO - General Programming (as of April 1, 2010)
(To be filled)	PPRO – School Health

Although healthy lifestyle promotion (nutrition, food safety, physical activity and non smoking) activities were held in the schools and daycare centers during the year (see activities Chishaayiyuu Team), and immunization and healthy sexuality activities took place in the schools (see activities Awash team), the only program partly operating within the Uschiniichisuu team was the Chî Kayeh program.

The Chî Kayeh program had four categories of objectives this year: implementation, development, support and training, and communications. The primary objective within implementation was to ensure a formal partnership with the Cree School Board, and although this did not happen this year there were some important steps towards achieving this objective. Secondly to develop a local chi kayeh iyaakwaamiih representative through the Local Head of Uschiniichisuu; then to support this representative in implementing the program; and finally to collaborate with the UQAM evaluation research support team through disseminating the research results from the pilot Phase 1, supporting the organisation of the Phase 2 program, and applying for more evaluation funding.

The development objectives this year were to finalize and deliver the chi kayeh iyaakwaamiih program which involved revising the entire program, developing new components, and assuring their cultural adaptation. As well, six new documents were written to present and explain the program. The support and training objectives involved work to support the implementation in the nine Cree Schools through community tours, individual support to teachers, special visits, and a structured on-going support program. In Chisasibi this involved special training for the health and social services school support professionals. We learned from this that teachers require in-class training in order to deliver the program.

And finally the communications objectives involved disseminating information about and promoting the program within the region and assessing the possibility of creating an intranet platform for the program.

Main Objectives for 2010-2011:
The reconstruction of the Uschiniichisuu team is a priority in order to respond to our Public Health responsibilities towards the youth of Iiyiyiu Aschii, especially those vulnerable because of health and social problems related to teenage pregnancies, infections transmitted by sex and blood (ITSB), dependencies and addictions of all sorts, mental health and suicide etc. It is important to continue to support the Chî Kayeh program in each of the nine communities, as well as the local heads of

Uschiniichisuu and their programs, school health nurses and social workers. The formal partnership with the Cree School Board is the number one administrative objective for the new year.

Chishaayiyuu Miyupimaatisiiun Team

Paul Linton	Assistant Director of Public Health - Chishaayiyuu Miyupimaatisiiun
Véronique Laberge Gaudin	Acting Assistant Director Chishaayiyuu Miyupimaatisiiun; and PPRO - Nutrition
Solomon Awashish	PPRO – Chronic Disease Diabetes (interim Assistant Director of Public Health Uschiniichisuu starting in January 2010)
David Dannenbaum	Medical Advisor (part-time) for chronic diseases
George Diamond	PPRO - Healthy Communities program and Injury Prevention, Chisasibi
Monique Laliberté	Nurse – Diabetes Educator (on leave)
Lilian Kandiliotis	Nutritionist - Institutional Nutrition & Food Services
Katherine Morrow	Acting Aboriginal Diabetes Initiative (ADI) Coordinator
Hélène Porada	Nutritionist – Diabetes Educator (on maternity leave from August 2009)
Wally Rabbitskin	PPRO – Physical Activity, Mistissini
Elizabeth Robinson	Part-time Medical Advisor Environmental and Occupational Health–
Ron Shisheesh	PPRO –Tobacco, Chisasibi
Reggie Tomatuk	PPRO – Environmental Health, Chisasibi
Julie Turcotte	PPRO – Diabetes Training, Mistissini (on extended leave)
(To be filled)	PPRO – Environmental Health
(To be filled)	PPRO – Environmental Health
(To be filled)	Nurse – Chronic Diseases
(2 positions to be filled)	Nurses- Diabetes Educator
(To be filled)	Nurse– Occupational Health Coordinator/Nurse
(To be filled)	Medical Advisor Miyupimaatisiiun Work Place - CSST

Developing Chishaayiyuu Miyupimaatisiiun Integrated Program to be implemented at the local level

The Strategic Regional Plan of the CBHSSJB set out an orientation to develop and implement a model for the integrated delivery of health and social services in the Cree communities. The team has been asked to develop a "Chishaayiyuu Miyupimaatisiiun Integrated Program (CMIP)" in Iiyiyiu Aschii targeting the population age 30 and over and following a chronic care services model. This will integrate all health and social service programs available from the CBHSSJB in each community under one umbrella of coordinated services. The goal is to decrease the mortality and morbidity related to chronic diseases, foster holistic health and help to improve the living conditions of at-risk families by empowering them and supporting the creation of enabling environments. This year a reference framework was written and the first phase on implementation was set in motion.

Smoking Cessation

The team works to carry out three functions of public health in the area of smoking cessation through first, activities concerning educating smokers and people living with smokers of the dangers of second-hand smoke and the harmful effects of smoking. These were carried out through a media campaign, workshop and through display booths in communities during local addiction awareness week. Secondly, other activities were related to promoting healthy choices with regard to smoking through the National Smoke Free Week in January, smoking cessation workshops in December, and revising the Healing from Smoking Guide which is a step by step guide aimed at individuals wanting to quit

smoking and the "Helping Smokers Heal" book. And finally, a report and revision of CF 30 30 challenge has been done.

Awareness/Promotion Campaigns

Promotion campaigns have continued throughout the Cree region promoting Physical Activity, Nutrition and Diabetes Awareness. Various promotion & awareness campaigns were launched in the region during the past year: the Canada Day Walk, the 100 mile challenge, the Walk to Work & Walk to School Day, the Physical Activity Day, the November "Diabetes Awareness Month", and the March, "Nutrition Month".

As in previous years, the Drop the Pop Challenge was taking place in different schools of the region (8 out of 9 communities). The goal was to encourage students to make healthier drink choices. Activities have mostly taken place in March, during Nutrition month, and were carried out in April in 3 of the communities (Nemaska, Whapmagoostui, and Eastmain).

The Plate Method is a visual tool to help people set up a healthy meal. A 2010 version of the Plate Method place mat was prepared (including both coastal and inland Cree), printed and distributed to restaurants of the 9 communities. This latest version of the place mat was also published regionally as an advertisement in the *Nation* magazine. Finally, magnets and pamphlets of the Plate Method have been prepared and will be distributed in schools in order to promote healthy eating habits to students and their families.

Nutrition, Food Safety and Handling Practices

One Food Safety Training was organized in partnership with the Ministry of Agriculture, Pêcheries & Alimentation of Quebec (MAPAQ) and our Cree Elders in Chisasibi in April 2009. This training responded to the continuous need for furthering education on food safety, food Recalls, traditional food safety techniques for food manipulation.

Two "From the Bush to the Table: Safe Handling of Traditional Food" regional trainings were given: one in Mistissini (for Inland communities) in November 2009 and one in Chisasibi (for Coastal communities) in February 2010. Over 75 persons attended these trainings, which helped bridge traditional knowledge and current scientific findings about food safety of wild meats, zoonoses, best practices during the hunt, transport, butchering, storage and cooking.

Although, under Quebec regulations, all meat served in provincial hospitals must be inspected by a Canadian or Quebec government veterinarian, the hospital was granted an exemption to be able to serve caribou, on the condition of following a strict protocol with respect to safe procedures for hunting, transporting and cooking wild game meat This was known as the *Serving Traditional Food at Chisasibi Hospital Project*

Public Health, in partnership with MAPAQ and the Chisasibi Hospital, produced new protocols to serve fur-bearing animals and birds at the hospital were approved by the Director of Food Inspection, Mrs .Joanne Twigg in November 2009 , and have been transferred for final approval with the Sous-Ministre.

Nutrition in Childcare Centres
All sixteen childcare centers were visited in 2009. Menus were updated, on-site coaching and recommendations were given and follow-ups were done for all points addressed in the needs assessment reports of 2008.

Work with the Childcare Centers focused improving nutrition awareness of the cooks, managers and educators for developing healthy menus. In terms of the educational focus, the work involves many varied topics: supporting the Childcare centers on assessing menus and food ingredients; work place layout; safety; equipment; sanitation aspects; procedures for production, distribution and purchasing; creating a pleasurable and positive ambience for meal times; developing a healthy policy and screening process for awareness of food allergies and choking hazards; and making the kitchens of childcare centers healthier and safer work environments.

Over 12 hours of course materials were developed and presented at the CRA's 1st Cree Child and Family Services Symposium in June 2009 hosted in Montreal and over 25 persons were trained (daycare center cooks and other personnel).

All sixteen centers were revisited in 2009 for follow-up visits for the recommendations developed thru the needs assessments done in 2008 and healthy nutrition promotion activities (food activities for kids).

- Food allergy management: identification and on-going establishment of protocols and follow-up systems, as well as staff training.
- Menu Management: follow-up on recommendations as well as new menu creation. The goal is to improve and update on a seasonal basis individual menus of daycares.
- Healthy Food Listing: a healthy food listing has been developed to simplify ordering and ensure that food items adhere to specifications of budget-conscious healthier choices.

A Regional Childcare Center Nutrition Policy was prepared to give young children the building blocks for good health and promote wellbeing throughout the lifespan thru sound dietary recommendations.

Visual Food Ordering Tool
To further facilitate weekly food ordering in the childcare center setting and ensure that healthier food choices are made by the cooks when ordering from their suppliers, a visual compendium of over 250 foods has been developed to update the food ordering process. The listed items provide a picture of the food, as well as all specifications for format, portion sizes, and prices and have been pre-screened for nutritional adequacy. The items have been prioritized based on lower fat, sugar and salt recommendations, as well as omission of trans fats. Higher fiber alternatives are available as well, promoting use of whole grain products. Fresh fruits and vegetables are promoted, as well as leaner cuts of meats. Highly processed foods have been omitted. The items have also been screened for food allergens.

The communities of Mistissini and Chisasibi have recently begun to use this listing when ordering and further regional implementations will take place this year.

Promotion and support of clinical preventive practices in nutrition
This year, bi-monthly "Rendez-Vous Nutrition" was supported by Public Health and a 'Nutrition training' was organized. Support was offered to the Human Resources Department to help recruit and orient new nutritionists.

Physical Activity Special Projects
Active school project offers financial support to schools that submit a project related to physical activity, and promoting healthy eating. For this year three schools applied for funding, Mistissini, Voyaguer memorial school, Nemaska Luke Mettaweshum School and Waskaganish Wiinibekuu School. Some of the activities organized were snowshoe walks for elementary school children, purchase of sport equipments (soccer balls) and promotion of health eating in school.

Once again, winter active was held from January 23 to March 27, 2010 through the Cree region.
Winter Active/Plaisirs d'hiver is a MELS/Kino-Quebec program to sponsor and promote physical activity in the wintertime. A culturally adapted version of the program is implemented in our region, with an ad in The Nation, posters and distribution of free snowshoes to every community.

The promotion of summer walking programs in the community was encouraged, as a follow-up to the winter active activity. so as to continue this activity through out the summer. This activity replaces the 100 mile challenge. The walking programs were organized every Saturday mornings during the month of June to August 2009.

The first regional Cree school track & field was organized in Mistissini on September 12, 2009. A total of (4) four schools took part in the event, Chisasibi James Bay Eeyou School, Mistissini Voyageur Memorial School, Nemaska Luke Mettaweskum School and Waskaganish Wiinibekuu & Annie Whiskeychan Memorial school. A total of 52 athletes between the ages of 10 to 17 years (boys & girls), participated in the different track & field events The Planning & programming office is working with the organizing committee on the 2nd annual regional Cree school track & field meet for 2010.

Quebec en forme supports mobilization projects design to favour the adoption and upholding of a healthy, active lifestyle and healthy eating habits by Quebec youth, from 0 to age 17 inclusively. A working group was created in Mistissini, to work on a three (3) year working plan for the community. Various meetings with representatives from *Quebec en forme* have been held in Mistissini, since November 2009. The proposed working plan is at its final stage of completions and will be submitted for approval. Once the proposed working plan gets its approval, the activities should start in June 2010- May 2013. If all goes well with the community of Mistissini, our goal is to get other communities on board and work in collaboration with *Quebec en forme* and start similar projects in the Cree community.

Focus on Diabetes:
Cree Diabetes Network
The Cree Diabetes Network is a regional network of approximately 55 people involved with diabetes prevention and awareness in their communities, as well as media and funding partners. The diabetes team hosts a weekly meeting of the network, to enable members to update each other on their work and share best practices. The members are also linked by an email group.

Community tours-Supporting Diabetes Management in the clinics
Communities (Whapmagoostui, Eastmain, Wemindji and Waswanipi) were visited to give support to the Health Care Providers (HCP) to improve diabetes management. In each community, support was provided to nurses, CHRs, nutritionists, and doctors who are involved with diabetic patients. Patients were seen with HCP and a diabetes educator (DE) implementing the concept ''train the trainer''.

According to the need, additional trainings/refresher sessions on diabetes were given to HCP in the community during the visit, as well as multidisciplinary case discussions with the clinic team.
Following the tours, continuing support for specific patients was provided via fax, internet and help line.

Diabetes Help Line
Diabetes educators are available during working hours to answer questions from HCP from all 9 communities 5 days /week in order to help develop a treatment plan according to the needs of the patients. The averages of 4 -5 interventions per week are received through the help line.

SMBG/ Food record/ Physical Activity Record Sheet (educational tool for the patient and HCP)
Hep HCP develop a treatment plan for a patient according to the Self Monitoring of blood glucose (SMBG), Food record Sheets and Physical activity Sheets that are faxed to our office. This tool is used to better assess the cases that are answered with Help Line. We are working on making this tool more user-friendly.

Diabetes Control & Management Video- ''Sweet Blood- Live well with Diabetes''
Sweet Blood is a 1-hour Cree language film which tells the stories of people who are making changes in their lives to manage diabetes. Produced by the Public Health team and directed by Cree film-maker Shirley Cheechoo, the film won the 2009 award for best public service film at the 2009 American Indian Film Festival, and was broadcast on CBC TV's Cree language program *Maamuitaauu*. The film also generated interest outside the Cree territory, and was shared with many other first nations in Quebec and across Canada. The film is now being used in a clinical setting to help educate people about how to manage diabetes. An on line questionnaire was made, to evaluate the satisfaction of HCP regarding his tool. We are presently collecting the responses.

Teaching tools and documents for HCP
Diabetes educator worked on improvement of the Gestational Diabetes protocol and follow up the implementation of this protocol in the clinical settings. Proofreading different diabetes related documents produced by the CHB programs (Chishaayiyuu, Awash, etc)

Québec Breast Cancer Screening Program

The regional Québec Breast Cancer Screening Program works all year long as it continues to promote screening, to communicate and to follow up individual results. It is part of the Public Health mandate of disease protection. The chief method of communication and promotion was a personalized letter of invitation sent to each woman from 50 years old to 69 years old. The total of communication letters sent to women of the Cree territory in 2009 was one thousand seven (1007). In 2009, five hundred and eighty-six women (586) had a screening mammogram with the mobile teams Clara or Sophie, or in hospitals. One screening tour took place in January 2010 in Mistissini (152) and Waswanipi (127). The INSPQ total 2009 participation rate for the Region 18 is one of the highest at 64.6%. The Quebec average is 56.4% (INSPQ 31 dec.09).

ENVIRONMENTAL HEALTH

Chishaayiyuu Environment Division comprises different working groups: the Niipii Working Group, the Environment and Contaminant Working Group, the Health and Natural Resources Working Group, and the Occupational Health Working Group.

Testing pregnant women for contaminants (lead and mercury).
This activity was begun in April 2006 as part of the Public Health Department`s activities related to assessment, management and communication of risks due to environmental contaminants; it is integrated into the routine prenatal visits to the clinic. An interim report of results for the years 2006-2009 was presented at the Scientific Gathering for the Nituuchischaayihtitaau Aschii study in February 2010 in Montreal. About half of all pregnant women in the region had blood tests for mercury (663 women tested) and lead (674). 1.8% of women had blood test results slightly above the acceptable levels for mercury; 1% had above normal levels for hair mercury. Only one woman had an elevated blood lead level.

Nituuchischaayihtitaau Aschii Study
The main goal of this study, was to assess seven out of nine Cree communities in term of contaminants levels and health determinants such as nutrition, physical activity, diabetes, obesity, etc. Whapmagoostui and Waswanipi were the last two communities visited in summer 2009, where 162 people of all ages have participated in both communities. The 2009-2010 budget was presented to the Health and Fisheries Committee (Niskamoon) in April 2009.

Community results were presented at the LAGA in Waskaganish (July 2009) and Chisasibi (November 2010). Two major meetings were organized, in Montreal, with the study principal investigators; A first meeting was held in May 2009 in order to set up the 2009 summer study and a second meeting was held in February 2010 to plan the next year 2010-2011. A second scientific gathering was held in February 25-26, 2010 at Hotel-du-Fort, Montreal, in order to present the results from the 2008 field work (Waskaganish and Chisasibi). There were 31 conference attendees and 12 presentations and 4 main theses were addressed : 1) Dietary assessment and physical activity; 2) Exposure to environmental contaminants; 3) Health outcomes (diabetes, obesity, CVD, thyroid health, osteoporosis) and 4) Zoonotic infection. Provincial Ministry of Health and Ministry of Environment held a meeting, in Quebec City (February 2010) to present the new levels of contaminants in fish and to discuss about standardization of fish consumption guides.

Assessing health impacts of development projects.
Public health departments, and in particular their environmental health teams, have a mandate in this area. A Joint CHB-HQ-SEBJ Committee on Cree health was set up in 2008 to follow the implementation of conditions related to health in the Quebec Environment Ministry`s certificate of authorization for the Rupert river diversion project (issued in November 2006). We attended two meetings of this committee and two meetings of a subcommittee. Between these meetings, we worked to develop plans for measuring health and its determinants (as per the formal mandate of the committee and the certificate of authorization). We also met with the Cree representatives of the CRA's Monitoring Committee to inform them about CHB activities in this area. At the request of the MSSS, the PHD provided written comments on the environmental impact assessment study, in particular on anticipated health impacts, of the Strateco Matousch advanced uranium exploration project.

Mercury spill at Chisasibi hospital
In December 2009 the PH department was contacted about a broken sphygmomanometer at Chisasibi hospital. We researched the problem and provided advice about cleaning up the spill and testing persons exposed.

Reacting to elevated contaminant levels declared to public health.
The Quebec toxicology lab notifies public health when a test result shows high contaminant levels (usually either lead or mercury in our region). These cases must be entered into the provincial database, and in some cases an investigation is carried out through contacting the physician who ordered the test.

OCCUPATIONAL HEALTH AND SAFETY PROGRAM

Regional Public Health Departments in Quebec have a mandate to deliver occupational health and safety programs to certain groups of employers and for certain types of work-related health problems. The budget for these activities is from the Quebec Workplace Health and Safety Commission (Commission de la Santé et Sécurité au Travail; CSST). The CHB Public Health department obtained a non-recurrent budget for a 2-year pilot project in 2007; in 2009 we succeeded in getting this project extended for a second year.

From mid-October to December 23 the Registered Nurse had to work on the Influenza A(H1N1) campaign. However in 2010, as requested by the CSST, she visited Industries of Group I, II, and III; organized CSST First Aid training and contributed to setting up a Protocol for the evacuation of injured or sick forest workers. She also organized an evaluation of radiation exposure among workers at the water treatment plant in Wemindji.

A Report will be presented in September to the CSST regarding the request for a permanent recurrent CSST budget for occupational health in the region

INJURY PREVENTION

Training sessions
This training with Iain Cook was on Ad/Poster storyboard development that was a tool to use in our awareness campaign concerning Injury Prevention. It is to encourage us to use the print, radio and internet medias more effectively and efficiently. These storyboards include: cellular phone use, Child Seats and restraints, firearms safety, Spring Goose Break, safe food handling practices, ice safety, boating safety, pedestrian and walking safety

Injury Prevention Program
This program has advanced and progressed from the discussion stage to the development stage. It includes the following: Update on Iiyiyiu Aschii Injury Statistics with Ellen Bobet; Injury Prevention: Train the Trainer Program using "Journey to the Teachings Manual" that was revised with the assistance of Health Canada; Future training sessions for local people in all communities who work for Safety at home, work and play

Boating Safety
Since there are laws pertaining to boating safety, presently working with Cree Trappers' Association and local Public Safety Departments and Officers to ensure that Boat Safety is a concern at the local level.

Surveillance, Evaluation, Research and Communications Team

Jill Torrie	Assistant Director of Public Health - SERC
Anne Andermann	Acting Medical Advisor (part-time) – (on leave in 2009-10)
Francis Awashish	temporary Research Assistant for Putting Cree Traditional Medicines First Project
Iain Cook	PPRO – Communications (on leave May to late September, 2009)
Marcellin Gangbè	PPRO – Surveillance and Research (on leave from January 2010)
Elena Kuzmina	PPRO – Evaluation and Research
Carole La Forest	Medical Advisor (part-time), Clinical Preventive Practices, Montreal and Whapmagoostui
Jacques Véronneau	part-time Public Health Dental Advisor for dental research
Tracy Wysote	Research Administrator
(To be filled)	PPRO – Epidemiology
(To be filled)	Medical Advisor – Training in Community Health

The team's objectives fall into fulfilling its function of public health surveillance of the state of health of the population, supporting research to understand health and social issues, and to feed into public health surveillance; along with activities which provide essential support for the entire department, other areas of the CBHSSJB and the communities through: developing innovative approaches for communications; providing support for program planning, implementation and evaluation; providing support for the development of clinical preventive practices; and developing public health competencies.

Activities to carry out public health surveillance to report on the health of the population and research to understand health and social issues

Public Health receives its surveillance mandate in a general way from the Public Health Act, and specifically from the Strategic Regional Plan of the CBHSSJB. In 2005, a comprehensive portrait of the health of the population was completed. At the beginning of this year, a partial update of this general profile was produced to assist the CBHSSJB with strategic negotiations. This work continued throughout the year on several fronts, albeit for public health purposes: a discussion paper on our approach to using population data; a working group to update the portrait of maternal and infant health; an update of infant anaemia which will be reported in relation to the previous analysis done at the end of the 1990s; an update on cancers and specific analyses to understand the pattern of certain types of cancer; a comprehensive update on injuries; and the comprehensive update and validation of all diabetes surveillance. With the extensive redevelopment of our website platform, we plan to make the profile of the population's health available in a more accessible, electronic format while updating specific sections as these become available. This will follow the general format of the 2005 profile with one section on general health status and the other on those underlying factors known to determine that heath status.

One area where we have little data concerns the use of health services within the territory in the CMCs. This year we also worked to help develop user-friendly monitoring systems within some specific areas of services related to public health programming. These small monitoring systems are first and foremost to assist in the development of the program areas while also providing us with data for public health surveillance. As a result of the new focus with services, we put the ratification of our draft public health surveillance plan on hold for the time being.

Activities with Awash surveillance and research reporting
Specifically for the Awash Team, we continued to carry out periodic extraction and preparation of tables for MADO surveillance reports. In the summer of 2009, we conceptualized, planned and developed the tools for self-generating reports and methods for the community and regional H1N1 surveillance system which was used during the pandemic and helped the dental team develop a tracking system of their activities. In the fall of 2009, we completed the final analysis and reports from the Aboriginal Children's Survey which was a joint project of the CBHSSJB with GCC/CRA.

Activities with the Chishayiyuu Team surveillance and research reporting
We continued to manage: the extensive database for the Nituuchischaayihtitaau Aschii: Environmental and Health Multi-Community Study, to respond to the many and constant requests from the researchers, to prepare the letters for returning the results to the community participants, and to help prepare multiple publications resulting from the data; to manage the Maternal and Infant Contaminants Surveillance Program ; and to manage and the Cree Diabetes Information System which is mentioned above and which is always being modified to improve its use as a clinical tool. We also prepared a confidential report (due to small numbers) on hospitalizations for workplace health issues to assist with program planning; and spent considerable time managing the CIRCLE project which has produced reports on diabetes management in Chisasibi and Oujé-Bougoumou. Late in 2009, we began planning for an assessment of the state of the situation in four CMCs prior to implementing Chishaayiyuu programs.

Our background documents in use for purposes of general surveillance this year
We continue to rely on reports produced previously such as: the 2005 *Evolution of Health Status and Health Determinants in the Cree Region (Iiyiyiu Aschii): Eastmain-1-A Powerhouse and Rupert Diversion* 2 volumes with updates to April 2009; the 2007 update to the 2005 *Elder's Needs Assessment Report;* the 2007 reports of *Health and Well Being Pictures for (each community)* and *Health Statistics for Children and Youth in Iiyiyiu Aschii*; the 2007 and 2008: *Health Survey reports* from 2003 on: alcohol, drugs and gambling; physical activity; trauma; health status; Cree preventive practices; use of services; mental health; demographics and social characteristics; tobacco us; the 2007 preliminary report on changes in the incidence of pulmonary fibrosis in Iiyiyiu Aschii.

This year we produced a draft *Injuries in Iiyiyiu Aschii: Analysis of Mortality and Hospitalization Statistics 1985-2007*; a draft *Report on cesarean section rate*; a report for dialysis unit planning for Waskaganish; a mini report on chronic pain reported in hospitalizations; as well as historical and comparative rates of cancer, along with a special report on cervical cancer.

As usual, we continued to update beneficiary population tables and birth data tables and analysis of hospitalisation with historical comparative tables from 1986-7 to 2007-8

During the year we participated in the Joint CBHSSJB-Hydro Committee on planning how to identify and develop an analytical framework based on the social determinants of health for tracking the impact of the development, and sat on the working committee planning future Hydro studies in the region. It should be noted that we are the only Cree entity named to work with Hydro and at the same time we are the only entity which does not have any budget to help with the increasingly time-consuming demands of this collaboration.

We continued to suggest revisions to the Projet Clinique document in terms of health data and completed part of the dissemination of the Aboriginal Children's Survey in selected communities in collaboration with Awash and GCC/CRA.

*Support through the development of public health communications***:**
Although the PPRO for communications was on leave in the first part of the year, there were major developments in the communications file this year including the restructuring and design of the website (www.creehealth.org) which has provided the platform for bringing together the monthly themed health promotion campaigns and has an impact on all of the work of the Department. The website is the main deposit for content, which is also disseminated through regional and local radio and other social networking media. A storybook expert helped to develop an approach for developing visual narratives and also provided training on new techniques and approaches. In order to make this come together, the PPRO Communications has developed an active regional communications network. He also provided communications support within the Department, as well as providing direct support including training to specific teams and programs upon request, sometimes within other areas of the CBHSSJB.

Support to the other teams in program planning, implementation, and evaluation
This year to support regional diabetes surveillance and provide data on strategic indicators we carried out a major project to validate the data within the Cree Diabetes Information System (CDIS) up to the end of 2009. This effort supports the work of all teams involved in aspects of diabetes management and prevention in the region. At the same time, there was continuing work on continuous quality improvement for the CDIS in general.

Support was provided to the Awash Team in terms of evaluation planning and planning for monitoring. More resources were provided to the *Chishaayiyuu* chronic disease program, including the Regional Diabetes Initiative in terms of support for program development, monitoring, and needs assessment. In early 2010, the Team took the lead in coordinating the planning and carrying out of a needs assessment in the CMCs and with the population prior to implementing the Chishaayiyuu Miyupimaatisiiun Integrated Program. As before, the team continued to support the continuous quality improvement program for diabetes clinical management, and support for the annual *Drop the Pop* project which is an activity for primary prevention of chronic diseases.

General support to all teams was provided through the Evaluation Working Group and the acceptance of the Public Health Department Evaluation Policy document.

A number of activities were only partly or not implemented this year as planned such as:

- The inter-lab data merge project to allow transfer of lab data from Chibougamau Hospital laboratory system to Chisasibi Hospital was stalled until problems at the Chisasibi end could be sorted out. Currently, patients lab values in coastal communities appear immediately in their electronic diabetes charts in the clinics, allowing health care workers and patients to more effectively manage diabetes;
- Our support for implementing the electronic Cree Diabetes Information System as a management tool in the clinics was put on hold because the CBHSSJB only has two diabetes educators and they were both on leave so there were no personnel providing support to people in the clinics;
- Similarly, a pilot project with Wemindji Clinic to make electronic diabetes charts available to health care professionals had to be put on hold until clinic personnel were available;

- As well, within Public Health the plans to support all teams in developing evaluation plans for their work had to be put on hold due to lack of professional resources.

Support for the development of clinical preventive practices:
Clinical preventive activities continue to be developed as part of specific public health program activities, especially in Awash, diabetes management and tobacco cessation. The part-time Medical Advisor on this file was not available for most of the year and so there was little general activity on this file except for some training on Motivational Interviewing Techniques.

Support for the development of public health competencies:
Although there had been some major projects in this area in the previous year, the activities in this area are somewhat on hold until the CBHSSJB training plan and training budgets are clarified. In specific cases, the Department is supporting two professionals to complete their Masters degrees in public health, and others have taken some specific courses to maintain their professional competencies. As well, members of the Department attend professional conferences each year to help keep themselves stay up-to-date in their respective fields. This is especially important as we are the only Public Health Department in Québec where professionals have no access to a library through their work place.

Research

Research Committee
While this Board Committee's membership was expanded last year and has many active members from the communities, the Committee continues to operate without a Chair and proposed revisions to the terms of reference were still outstanding at the end of the year. The Committee met nine times in the year, all but once by one-hour teleconferences. Between meetings the Committee works through internet.

Research File
The CBHSSJB is a partner with three Canadian research networks financed by the Canadian Institutes of Health Research:

- McGill : Network of research in Aboriginal mental health
- Alberta : Access to health research : participation and empowerment of Aboriginal people in research to improve their health and well-being
- CIET et U d'Ottawa : Anishnawbe Kekendazone (focus on primary prevention)

The CBHSSJB representative also sits on the Technical Advisory Group for the Aboriginal Children's Health Survey of Statistics Canada. The CBHSSJB is represented on the Canadian Association of Research Ethics Boards administrators, the National Network of Aboriginal Mental Health Research and at the Comité d'éthique en santé publique du Québec.

The Research Database was completed in 2009 and data entry is being completed to get the database functional. The committee's tools are also being updated, improved and added to.

There are many small projects within the CBHSSJB, but the ones below are some of the larger ones that were happening this year in some of the communities: *Circle Project: The Canadian First Nations Diabetes Clinical Management Epidemiological Study:* This project from the University of Western Ontario analysed data on diabetes management while providing substantial 'soft' money for local diabetes prevention activities in Chisasibi and Oujé-Bougoumou; *CIHR Team in Aboriginal Anti-diabetic Medicines:* This has been a very large on-going project since 2003 that is asking the extent to

which Cree medicinal plants might be effective for controlling the symptoms of diabetes. It has many components and is run by a steering committee of all the partners. It involves (in order of joining) Mistissini, Whapmagoostui , Waskaganish and Nemaska along with institutes and laboratories associated with (in order of importance with the project) the Universities of Montréal, Ottawa and McGill; *Putting Traditional Medicines First Project:* A sub-project of the Anti-diabetic plant project, this project run by the Cree Nation of Mistissini with the collaboration of the local CMC, is describing what happens when people with diabetes begin to use traditional medicines within their regular diabetes care. Patients in the project receive extra blood tests to ensure safety issues; *Nituuchischaayihtitaau Aschii: Environmental and Health Multi-Community Study: t*he goal of this project is to get a clear picture of health in all 9 James Bay Eeyou communities. This year it gathered data in the final two communities of Whapmagoostui and Waswanipi and held successful educational programs with children; *the Social Life of Cancer*: this doctoral thesis project is concerned with addressing the impact and meaning of cancers in Iiyiyiu Aschii and focuses on the experiences of Cree adults and their families' with the disease. Fieldwork happened in Chisasibi, Wemindji, Ouje-Bougoumou and Mistissini; *Roots of Resilience:* the main purpose of this study is to understand resilience, healing, recovery, and transformation from an Aboriginal perspective. It is taking place in Wemindji; N*utrition and Health Study:* this Master's thesis project in Mistissini is exploring through focus groups, the factors that contribute to increase or decrease the consumption of traditional food. It began with a re-analysis of the data from the Environment and Health Study in Mistissini; *Overweight and Obesity in Children:* a Mistissini project with the University of Alberta, this is the third project in this 'series' aimed at partnering with the community and the school to understand how to intervene to improve children's health.

Quality Assurance

Director of Professional Services & Quality Assurance – Social (DPSQA- SOCIAL)

Laura Bearskin Director of Professional Services & Quality Assurance – Social

The mandate of the DPSQA-Social includes:

- Contributing to the improvement of the health and well-being of individuals, families, and different populations of the communities
- Ensuring that the quality of services provided by the social service staff is reflective of the scope of the organization's programs and services.

The mandate is carried out through integrated co-management relationships.

Specific responsibilities of DPSQA-Social include ensuring the leadership, planning, organizing and coordination of:

- Defining Social Work practice, philosophy and goals
- Development of professional methods, interventions, services/programs (procedures, regulations, protocols) including updates of clinical tools and methods
- Identification of needs of the populations
- Quality service management process

DPSQA-SOCIAL PORTFOLIOS

Social Emergency Worker Manual
The main purpose of the Social Emergency Worker Manual is to revise the manual of Support for Emergency Workers and to create an electronic version, so it would be easily modified when necessary. This is an essential tool when providing orientation and training for the Social Emergency Workers. The revision has been done but still needs some modifications. The final draft will be tested and evaluated with the Social Emergency Workers. Once testing and evaluation has been completed, it will then be presented to the Social Service Committee and the Executive Committee for review and approval. The final Draft will be presented to the Board of Directors for approval and adoption tentatively for the Board meeting tentatively for the fall 2010. Seventy-five percent (75%) of the project was completed.

Revision of Social Policies and Procedures
The specific objective of the Revision of Social Policies and Procedures project is to revise, modify the existing Social Services policies, procedures and protocols. New policies, procedures and protocols also need to be developed in accordance to the new integration of services. The modifications of existing policies have not been carried due to unsuccessful recruitment of personnel. However the following policies have been drafted;

Suicide Intervention Protocol for Social Service Staff: Norman D'Aragon, a visiting psychologist has been hired to develop the Suicide Prevention and Intervention Manual. This draft manual was tested by the Crisis Response Team in Chisasibi. During this process we realized that the manual had too much information or bulky although the content is quite relevant and reflective to our reality. It was recommended that the manual will be diverted into sections. The section we concentrated on was the

intervention part. The guidelines and procedures are in draft form. Other steps that need to be processed is to conduct further consultation with each respective community, as the protocol needs to be adopted accordingly to the capacity of each community. Included in this manual is the Draft Community Suicide Protocol that specifies the procedures, roles and responsibilities of each service from the Social Services, Medical Staff and the Police Department. Again this will require further consultations with all parties that are implicated.

S5 Placement (Emergency Placement): Bryan Bishop former Director of Youth Protection was hired to develop the S5 Placement Policy (Emergency placement). The draft policy has yet to be reviewed by the Social Service Committee and Executive Committee. The final draft will be presented to the Board tentatively by fall 2010.

Social Service User Files

The specific objective of the Social Service User File project is to improve the overall case management within the Social Services by developing a Reference Guide on Record Keeping for Social Service. The secondary objective is to establish a mechanism in conducting regular file reviews, case revisions and yearly audits. This is to ensure accountability amongst the staff and continuity of care for our users. A first draft of the guide was developed but still requires further revision on the cultural component and to include the concepts of integrated services. The operational plan needs to be revised according to the progress of the implementation of integrated services.

Social Service Committee

The mandate of the Social Service Committee is to provide an organized mechanism for the development of the regional orientation related to social, mental health and re-adaptation services. The goal is transform this committee into a Social Service Council, which will fall directly under the Board of Directors. There was no movement on the file due to turnover of working group. This file needs to be re-activated. Also the membership needs to be reviewed as we are moving towards an integration services. The committee needs to determine who will best represent Social Work practice within the organization.

Social Service Resource Library

The main purpose of this file is to establish a resource library for the Social Services by providing resource material for the frontline staff of Social Services and updating resource material and tools as required or needed. This project will remain on hold until we can review the Organizational Library or Documentation Centre list of inventory. This is to avoid duplication in the stocking of resource material.

Social Service Case Management Tools

The objective of the file is to enhance direct social work practice techniques by providing essential working tools in the helping process, i.e. assessment forms, intervention planning. The Youth Healing Services has taken the initiative to purchase the Youth level of Service/ Case Management Inventory assessment tool that included the training. The DPSQA-Social supported the project by purchasing the manuals and forms.

Joint Operational Plans with Quality Assurance Secretariat

Evaluation and Annual Performance Review
The main objective of the Evaluation and Annual Performance Review project is to ensure the design and evaluation of mechanisms for the professional supervision of the social well-being staffs' professional practice and performance. This project has largely been inactive due to competing work priorities.

Incident and Accident Reporting
The purpose of this project is to ensure the development and evaluation of mechanisms for the compilation and analysis of accident and incident reports, as well as Quality Assurance and other indicators by creating a policy. The development of the policy has yet to begin due to absence of support staff. However an orientation of the Incident and Accident Reporting was provided to the Local Directors.

Orientation on Cultural Approach
The purpose of this project is to ensure that the services will be delivered with an approach that considers the cultural, values and the historical impacts of the Eeyou Eenou nation. One accomplishment of this file was the development of film recording of the presentation given by Dr. Darlene Kitty. This presentation provides an overview of Cultural sensitivity, cultural competency which also included the health status and the historical events of the James Bay Crees.

DPSQA-Social participated actively with:
- Mental Health
- Youth Protection
- Youth Healing Services
- Coordination of Psychosocial Services in the Context of H1N1 Influenza A Pandemic

Director of Professional Services and Quality Assurance - Nursing

(DPS/QA-Nursing)

Hélène Nadeau — Director of Professional Services and Quality Assurance - Nursing (DPS/QA-Nursing)

Annual Nurses Training
112 nurses participated in week-long training sessions March 15 to 28, 2010 at L'escale Hotel in Val d'Or. The first week was in French and the second in English. Workshops included: C-MDSA; Traumatology; Genetic; Pregnant women; Sexual abuse; Pediatric physical examination.

The sessions: "Sexual Abuse" was presented by Dr Franceska Baltzer and "Pediatric physical examination" by Dr Kavi Gosal were both filmed. The film will be made available to those who were unable to attend. Follow up training is strongly suggested by the training national program session number 503. Research shows that training material is not remembered six (6) months later unless reviewed.

Cree Nurses Training
Two nurses participated in a ten-week clinical practicum from March 20th to May 21st, 2009 with the MUHC (McGill University Health Center). The MUHC represents five teaching hospitals affiliated with the Faculty of Medicine of McGill University: The Montreal Children's, Montreal General, Royal Victoria, and Montreal Neurological hospitals, as well as the Montreal Chest Institute. The most recent member of the MUHC is The Lachine Hospital and Camille-Lefebvre Pavillion.

The type of training the nurses received at MUHC included: TNCC (Trauma Nursing Core Course); ENPC (Emergency Nursing Pediatric Course), Practice in the McGill Simulation Center and Family medicine clinic, MCH surgery clinic, Short Stay unit, Antenatal Care (High risk pregnancy and delivery), Case room, and others departments. The most important objective was to develop and integrate the clinical judgment.

The Cegep St. Felicien in Chibougamau joined the RUIS McGill. The objective was for the Eeyou Eenou nurses to do their work placement ("*stage*") in the same hospital or CLSC area as they will do with the Cree Board of Health. They will be already familiar with the environment, the mission, vision, philosophy, culture, techniques, policy and procedure, library, staff, etc. The Eeyou Eenou nurses students will start their "*stage*" this year, in 2010, at the JGH (Jewish General Hospital).

Nurses Training for Enlarged Role
Five new nurses were trained this year. Future training for the enlarged role will be assessed to best meet the needs of the Cree Health Board.

Infection Control
Geneviève Dubé, the Nurse Clinician and Infection Prevention and Control Nurse Counsellor attended training on Infection Prevention and Control organized with the RUIS McGill.

Ms. Dubé learned about surveillance, basic measures, additionnal precautions, work organization, prevention, breakout management, laboratory results surveillance, microbiology and infectiology. The experts provided many different tools they use and shared with protocols and information.

The Executive Committee of the Council of Nurses (ECCN)

This year the committee met more than nine times. It is made up of Guillaume Richer (President), Sarah Cowboy (Vice-President) and Geneviève Dubé (Communication Officer). The position of Secretary is vacant.

Geneviève Dubé, Clinical Nurse at the Chisasibi Hospital, established a contact with the new nurses upon their arrival in order to help them adapt to the multi-facets of their practice and to integrate to the culture and the community.

The Council of Nurses' internal management regulations are ready to be approved by the board. Guillaume Richer, the president will schedule a general assembly with the Council of Nurses to present the document for its adoption.

The members of this committee are very motivated and devoted. They are an immense support for the profession in relation to our reality.

A sub-committee composed of Myriam Aubry and Geneviève Dubé, both clinician nurses and I was created for Chisasibi Hospital concerning Medication mistakes. Our recommendations were transmitted to François Lavoie (pharmacist) and the entire hospital management.

Chisasibi Hospital Centre

There were nine nursing meetings and one emergency meeting held this year. Having communication, an action plan and a follow up has improved efficiency.

Collective Order

Thirteen (13) collective orders are ready to be presented to the CMDP for approval as soon as the position of the Monitor nurse will be replaced and occupied by a nurse care consultant.

Cultural Approach

In collaboration with Dr Richard Lessard (Director of Public Health) who provided us a studio and a technician for no cost, Dr Darlene Kitty's has been filmed during her presentation on cultural approach. This DVD will be accessible in all communities. It is recommended to be used for orientations and for employees who want to learn more about our clients on how we can all work together.

Complaints Management and Incident Accident Report

A presentation of the new incident accident report (Form AH 223) was made on March 5, 2009. All Local Directors, the AED-Miyupimaatisiiun, her assistant and their team were present. They all agreed on the need for this process and they want the implementation completed. The continuity of this activity will depend of the risk management manager hired.

Secretariat for Quality Assurance

On January 26, 2010, Laura Bearskin and Hélène Nadeau presented the concept of Quality Assurance and the GPR (*gestion par résultat*) to all managers of Miyupimaatisiiun and Pimuhteheu. The Quality

Assurance Secretariat will become more active when all Directors of Professional Services and Quality Assurance are in place.

General Programming

Current and Ambulatory Services Programming

Louise Carrier	Coordinator Current Ambulatory Services
Vacant	PPRO

Current and ambulatory services involve medical care delivered on an outpatient basis. Ideally, Current and Ambulatory Programming involves developing and/or revising programs and tools to improve services. Since several local Heads of Current Services continue to be vacant, I have continued to take care of the organization and management of Nursing in the following communities: Whapmagoostui (10 months), Community Health Department in Chisasibi (9 months), Eastmain (11 months), Nemaska (6 months) and Waswanipi (11 months). Also for the last several months, as the new Heads of Current Services were hired, I have participated to their integration regarding the application of the administrative policies and procedures and the interpretation of the collective agreements (CSN, FIIQ). Administrative support documents are presently being developed.

2009/10 was a very busy year because of the crisis generated by the potential danger of the A (H1N1) influenza. In collaboration with the various players, my role included: selecting and purchasing the required medical supplies and specialized equipment; coordinated training for N-95 masks fit tests; developed tools regarding use of protective masks; and assisting with the plan for the organization of the MSDCs as a non-traditional site. Lastly, I participated actively in the vaccination campaign with Eastmain CMC.

Mental Health Program

Mental Health Regional Program Team

Karen Napash, Coordinator of Mental Health Program (since March 1, 2010)
Pauline Bobbish, Planning and Programming Officer
Mary Louise Snowboy, Clinical Nurse
Daisy Ratt, Human Relation Officer

Vacancies
Planning, Programming and Research Officer **–** Mental Health Program

Summary of Activities 2009 – 2010
- Planning, Programming, Research Officer ’s departure - May 2009
- Interim Coordinator - sick leave January 20, 2009 – August 2009 (Assistant to the Executive Director of Pimuhteheu covered for her during her absence)
- Regional Social Worker’s departure –June 19, 2009
- Hired female psychologist for Chisasibi, Whapmagoostui, Waswanipi - May 2009
- Participate in various committees - Social Services Committee, Special Needs Advisory Committee, Pandemic working group, Suicide, prevention Intervention, and postvention SPIPS working group, Crisis Response Team
- Provided Emergency Crisis Support to communities
- Provide on-going access to psychological services, internal/external
- Coordinated psychiatry services in all nine Cree communities
- Financial Support for ASSIST training
- Bi-Annual Mental Health Team meeting (November 2009 and March 2010)
- Mental Health moved to a new building (old Bakery) – November, 2009
- Mistissini Mental Health Office closed in June 2009

Psychological Services to the nine Cree communities of Eeyou Istchee
All requests for psychological services are coordinated by the Mental Health Program. There are six visiting psychologists, one counsellor and one therapist on contract with CBHSSJB going to the nine communities. One psychologist regularly meets clients in Montreal who are in crisis situations; one assessment/evaluation psychologist covers nine communities. Mental Health also has other professional consultants for outside services, and mainly patients, students and other beneficiaries living outside territory.

Consultations have decreased this year it has gone to 1,670 due to the cut back in the number of days of visiting professionals compared to last year which totalled to 2,135 consultations. The number of days of all the professionals combined is 639.5 days. Furthermore, there were a total of 257 of no-shows in the communities reported. However, this big challenge for the Mental Health team in the sense that some communities are overbooked and a lot of the clients miss out the opportunity to receive such service.

Psychological Assessment/Evaluation
Psychological assessments were provided for a total of seven clients for the Youth Protection Department.

Reasons for Counselling/Consultations
The top ten reasons for counselling services include: conjugal difficulties (224) coaching/supportive counselling, (148), parenting skills (144) depression (135) parent-child relational issues (119) alcoholism (104) anxiety (100) medical problem or disease (62) blended family (50) Post Traumatic Stress Disorder (57).

Services Outside of Cree Territory
There were 113 cases of psychological, emergency services provided outside of Cree territory. In some cases the Cree patient services in Montreal and Regional Mental Health Program worked in close collaboration to ensure services were provided to clientele sent down south. The Mental Health Program organized Community Emergencies and this year we had 2 visits for emergency situations one in Eastmain and Chisasibi. The Mental Health team sent professionals to these communities to provide support to its members. A total of 68 clients were provided psychosocial services for 25 days in total. During these times debriefing sessions were also organized to the front line workers and other groups such as the police and first responders, and to provide support to these groups.

Suicide Prevention, Intervention and Postvention
The Mental Health Program team is taking an active role in the planning and organization of the Suicide, Intervention and Postvention strategy which is facilitated by Pauline Bobbish, our PPRO for Mental Health. Since 2008, she has done extensive work on researching and compiling documents related to the issue of suicide in Eeyou Istchee. The first planning meeting for this strategy was in early 2009, which was followed by other meetings. The working group decided to have a gathering to develop a Suicide Prevention, Intervention and Postvention Strategy, which will be held in June 2010 in Amos.

The Mental Health Program has supported and contributed financially to the Applied Suicide Intervention Skills Training (ASIST) group to attend Dialogue For Life conference hosted by the First Nations & Inuit Suicide Prevention Association of Quebec & Labrador (FNISPAQL) and the Canadian Association of Suicide Prevention to up-grade their skills, knowledge and confidence to carry out the training to the Cree Nation. To date, four qualified ASIST trainers that carry out this type of training in their respective communities. Mental Health feels that it is important to carry out this training to the members of the communities. There are open invitations to the community members when these are organized.

Douglas Hospital/ Mental Health CBHSSJB Agreement
Mental Health continues to provide support to clients in psychiatry. Our clinical nurse travels to the Cree communities to assist our Psychiatrist, Dr. Janique Harvey. A total of 424 consultations were done including 74 new consults and 100 no shows were reported. The Douglas Hospital has provided 12 weeks in-territory per year for psychiatric services. The round trips are scheduled as follows: Round 1-Eastmain & Wemindji, Round 2-Oujé-Bougoumou, Waswanipi and, Mistissini, Round 3-Chisasibi, Whapmagoostui, Round 4-Nemaska & Waskaganish.

Healing Lodge
The Healing Lodge file has been stagnant with the departure of a PPRO who was leading the file. This important file on the development of a program for the healing lodge will continue in 2010-11.

Challenges Faced by the Mental Health Program

The departure of two team members has had a significant impact. Their contribution to all efforts, in particular the development of the healing lodge is appreciated.

Pre-Hospital Emergency Services

The object of the Act respecting the Pre-Hospital Emergency Services "is to ensure that persons in need of pre-hospital emergency services may at all times obtain an appropriate, efficient and quality response aimed at reducing the mortality and morbidity rate among the recipients of pre-hospital emergency services." In accordance with ministerial policies, objectives and priorities and having regard to the geographical location and size of the Cree territory, the Cree Board of Health and Social Services of James Bay has developed a pre-hospital emergency service organization plan that includes such areas as a health communication centre, first responders service and ambulance services.

CURRENT PROCEDURE

The structured system of pre-hospital emergency services has been implemented in the James Bay Cree territory and continues to constantly evolve in order to better meet the needs of its population. In the absence of a medical priority dispatch system like 9-1-1, it is the Nurses-on-call that provide the dispatch services.

When the nurse receives an emergency call, they assess the situation and determine if First Responders are required. If needed First Responders transport the patient to the community health clinic. If after treatment and some observation by the nurse (or doctor-on-call in Chisasibi, Mistissini and Waskaganish) deems that the patient requires treatment from a hospital- the patient is either transported by ambulance (if time permits) by First Responders or by medevac to the hospital that can provide the medical attention needed.

First Responders

Service Agreements for First Responders were completed for all nine communities. The contracts were for 2008-09 and are renewable for two additional terms of one year each. For various reasons, the service agreements have not been finalized and the CHBSSJB expect to complete this task in the coming year.

The current regulations state that the First Responders must undergo 75 hours of training to be considered Active First Responders. Upon successful completion of MSSS training, First Responders are certified for 3 years. Claude Dubreuil was hired as Training Officer for the First Responders. Eastmain provided its members with St John's Ambulance training, while it is recognized at the national level it is not recognized by MSSSQ.

Below are the statistics regarding First Responders for each Community.

Community	First Responders	Date Certified
Chisasibi	24	August 2009
Whapmagoostui	11	August 2008
Waskaganish	10	June 2008
Oujé-Bougoumou	9	October 2008
Wemindji	9	June 2007
Nemaska	8	March 2007
Waswanipi	7	June 2007
Mistissini	5	April 2008
Eastmain	St John's Ambulance Training	Not recognized by MSSSQ

Additional training to operate an Assisted External Defibrillator (AED) and how to safely operate an Ambulance Training has been added to all First Responders' training. A First Responders refresher course will be offered to members of Waskaganish in May 2010. Courses in Oujé-Bougoumou and Waswanipi will follow. Another refresher course will be offered in July 2010 to Whapmagoostui and Chisasibi members. The training takes place in the communities to allow the members to learn and practice training with their own equipment.

Winter coats were purchased for Waswanipi, Oujé-Bougoumou and Mistissini First Responders. CHBSSJB will furnish all communities with complete sets of uniforms (pants, shirts, sweater, coat and winter coat) in the near future.

As First Responders get the AED training, a defibrillator will be placed in their ambulances. Some Fire Departments have all their Fire Fighters trained to be First Responders. This is the case in Waskaganish and Chisasibi; therefore the defibrillator will also be placed on their fire trucks.

Currently there are insufficient numbers of First Responders to meet the needs of each community. A course for new recruits is planned for August 2010.

Ambulance
Each community has at least one ambulance Chisasibi and Mistissini each have two. A schedule to replace ambulances has been developed and needs Board approval. A new ambulance has already been ordered for Whapmagoostui. It will be an ambulance with 4x4 capabilities.

There are no active Ambulance Technicians in Eeyou Istchee. To become an Ambulance technician requires a 3 year Cegep program. No community members have taken the course as yet. To adjust to this reality, First Responders now receive Ambulance driving instruction as part of the MSSSQ certification course.

Medevac
For the coastal communities it takes a minimum of 4 hours to transport a patient to the nearest hospital by ambulance. First Responders would be out of the community for at least ten hours in doing so. To be gone so long forces the community to go without First Responders services for the better part of the day. Therefore, when a patient needs advanced emergency medical attention, the patient is transported by medevac to the hospital that can provide the necessary medical procedures. Each week, two or three patients are medevac out of the Eeyou Istchee. Ongoing discussions are taking place with the province. They are in the hands of legal counsel awaiting their review.

Nurses
Every nurse on call in the Eeyou Istchee has the training to operate a defibrillator and each clinic is in possession of such a device. In February 2010, nurses from of each community received Epi-pen training.

Info Santé, the provincial phone service that provides callers with medical advice 24/7 by a nurse is not yet available in Eeyou Istchee. When a parent has a child with a rash or fever and wants medical advice, they generally call their community health clinic to speak with a nurse.

Nurses played instrumental roles in the pandemic response from public awareness, to prevention, to triage, to administering the anti-viral. This was in addition to their daily duties in the community health clinics. While the vaccination campaign was successful, the ongoing shortage of nurses in the Eeyou Istchee continues to be felt, agency nurses are forced to fill-in as required.

Coordination Centre

The role of the Coordination Centre is to liaise with local partners eg. local clinics and hospitals, Bands Councils, Collaborative networks within the Ministry of Health (MSSSQ) and to distribute information to each on the Emergency Preparedness List. Their role is to ensure, in advance, that the necessary support and resources and mechanisms, are in place to coordinate a regional response.

Emergency Measures On-Call Service

This service continues to be provided on a 24/7/365 basis. The on-call service helps ensure civil security of the territory. Calls may be received for road closures, forest fires, insufficient beds in a southern hospital, ambulance breakdown, etc. All calls are dealt with by providing the information to those communities affected or assistance is provided to deal with a particular situation. Emergency lines always answered 24/7 cascades to cell phones of Jason Coonishish, Paul Linton and Reggie Tomatuk.

Administrative Services Group

Assistant Executive Director, Administrative Services

The year 2009-10 was the sixth year of the implementation of the 2004 Strategic Regional Plan (SRP), originally a five-year agreement but extended two more years through the agreement of the Minister and CBHSSJB.

The Administrative Services Group has five departments: Material, Financial, Human and Information Technology Resources and the Non-Insured Health Benefits Department. In 2009-2010, these groups met all or most of their mandated objectives despite often trying circumstances. I was hired in December 2009 to lead this group of dedicated individuals in the accomplishment of our new and on-going objectives and to be part of a vibrant and constantly improving organization. We take pride in our work and expect it to contribute meaningfully to the improvement of health and social services to the Cree population.

One of the key administrative underpinnings of the SRP was a move to decentralize administrative functions, to the extent possible, to empower community-based teams to administer their own business. Three major steps towards this end were achieved in 2009-2010: the hiring of Coordinators of Administrative Units on in all communities; the implementation of a new financial management system; and a new purchasing system.

The largest on-going project, in which the Administrative Resources Group was involved, is the construction of the Mistissini Community Miyupimaatisiiun Centre. In compliance with the mission of the Cree Board of Health and Social Services of James Bay (CBHSSJB) and the SRP, we have established a new set of objectives for the coming year.

New projects that will break ground in the next few months are:
- The construction of a new Nemaska Community Miyupimaatisiiun Centre
- The construction of a new Eastmain Community Miyupimaatisiiun Centre
- The extensions of the Waswanipi and Waskaganish Community Miyupimaatisiiun Centres;
- The construction of 47 transits and 36 additional housing units for non-resident employees in compliance with the funding framework of the SRP.

Other important objectives for 2010-2011 are:
- Revision and beginning implementation of the Information Technology Resources Master Plan;
- Revision and finalization of the maintenance of assets framework, our main tool for managing the organization's assets and properties;
- Improving the effectiveness and efficiency of the operations in each department.

Qualified Human resources are always required by all departments to fully carry out the organization's obligations and responsibilities, and our HR department will continue to deliver and to recruit highly qualified resources.

Our group is committed to delivering professional support services to improve the delivery of good services and contribute to healthier communities in Eeyou Istchee.

Clarence Snowboy
Assistant Executive Director, Administrative Services

Material Resources

Guided by its mission, values and priorities, the Department of Material Resources ensures that all facilities available to clients and employees of the CBHSSJB in the nine communities of the James Bay Cree territory are in good condition. The Department develops and proposes policies and programs to ensure the durability of its facilities within a context of sustainable development. It also advises and supports managers regarding material resources matters.

Corporate role:
The Department of Material Resources' responsibility is to make sure the CBHSSJB's policies regarding the management of material resources are congruent with its mission, orientation, values and management philosophy.

Standardization role:
The Department ensures that decisions made regarding the management of material resources respect the laws, regulations, policies and programs in effect, and provides a safe learning environment.

Advisory role:
The Department provides an advisory role for the various departments; communities and facilities to help their staff adequately manage their material resources. This role of providing technical support and expertise is a significant demand, since community staffs often do not have the technical capacities to analyze and plan their work independently.

Regional role:
In order to meet the many kinds of demands, the Department often needs to acquire technical expertise not available in the Territory on a contract basis. In the coming months and years, the Department will need to be involved in ensuring that preventive and periodical maintenance systems, documents and training are in place for the existing and the many new facilities currently being developed.

Administrative role:
The Department and its facilities consultants have an extensive and arduous role in comparison to their counterparts in Quebec's Health and Social Services Agencies. The primary role of the Facilities Consultants is to assist the directors to plan their needs of active maintenance, minor functional renovations and major projects, and to control their realization in the following fields of intervention:

Human Resources
At a regional level, the Department has one director, one coordinator, three institution advisers, one building technician, and two administrative technicians. A group of six maintenance workers and two light housekeeping workers serve only Chisasibi, but are at this point part of the team.

The Department must provide technical expertise regarding maintenance, construction, renovations, ventilation, heating and cooling, and support to operate and maintain medical devices such as those used for dentistry, vehicle maintenance, communications and inventories. Having that breadth of expertise in a small staff would pose a challenge anywhere, but is especially significant in the Territory due to location and a small population and contractor base.

When the Strategic Regional Plan is fully implemented, there will be sufficient, competent maintenance staff in place in each of the communities, while the role of the Department will shift more

towards standards, policy and expert support; however the organization is still in transition, which places additional stress on the small regional team.

Major projects achieved

- **Chisasibi**
  - New office space for the Mental Health Department (old IT building)
  - Reconstruction of the "Old Finance" for an additional 7 transits
  - Modification of the office space in the HR Department
  - Signage and door access controls installed in the Administrative offices
  - Installation of new sheds for all Salt Road units
  - Preventive maintenance software evaluation and recommendation
  - Transit welcome book
  - Regional MSDCs' audits
  - Air quality study in the Administration building
  - Fire alarm and magnets (windows & doors) in the Group Home
- **Whapmagoostui**
  - Replacement of the old oil tanks in Clinic
  - Renovation of the old Daycare building
  - Repair and renovation of the nursing apartments and of four trailers (transits)
- **Wemindji**
  - Delivery of the new clinic
- **Eastman**
  - Repairs to the transits
- **Waskaganish**
  - Assessment of and lease negotiations for the old Band office
- **Nemaska**
  - Repair of the Clinic's roof
  - Replacement of the storage shed
- **Waswanipi**
  - Modification of the Clinic' reception and waiting room
  - Repair of the fire damage on Tamarack Street due to vandalism
- **Mistissini**
  - Addressing the MSDC sewage stench
- **Ouje-Bougoumou**
  - Renovation in nursing area
  - Renovation after vandalism in the transit at 204B Opemiska Road.

General objectives for this coming fiscal year

I. Carry out at least 20% of the multi-year work plan recommended by the CHQ
II. Implement preventive maintenance software and work with local directors and their staff to maintain it
III. Develop a Strategic Property Master Plan :
   a. Evaluate existing installations: functionality, location, accessibility, physical state, traffic, nearby facilities, site and other aspects
   b. Identification of needs
   c. General layout scenario illustrating the location and area of each sector as well as the future development of the site

d. Cost estimates for construction/renovation projects as well as for building operation
e. prioritization and scheduling of the work to be done

IV. Assist in the construction of residential and transits units in the identified communities to allow the hiring of more staff and contribute to the implementation of the personnel plan of the organization:

a. Twenty-four (24) units in Chisasibi
b. Three (3) units and six (6) transits in Nemaska
c. Four (4) transits in Eastmain
d. Four (4) transits in Waskaganish
e. Six (6) transits in Whapmagoostui
f. Twenty (20) units and ten (10) transits in Mistissini
g. Six (6) transits in Ouje-Bougoumou

V. Fences for all lodging units
VI. Identification signs for the CBHSSJB buildings
VII. Provide the maintenance employees with an adequate and safe temporary workshop

Maintenance facilities:
In most communities, maintenance facilities are badly lacking. The development of new and expanded community Miyupimaatisiiun Centres will provide some much needed relief, but clearly, proper workshops and storage facilities are required in order for staff to function efficiently, effectively, safely and with a sense of being respected.

Statistics:

Number of requests (projects) received per community:

Description	Total (72)
Chisasibi	38
Whapmagoostui	7
Wemindji	4
Waskaganish	4
Nemaska	3
Mistissini	5
Ouje-Bougoumou	5
Waswanipi	3
Eastmain	3

More than five hundred interventions (work sheets) were carried out by CBHSSJB maintenance workers distributed as follows:

Description	Total interventions
Administration	98
Hospital	24
Transits	97
Residential	265
Others (MSDC, Group Home, etc.)	45

Electrical and plumbing interventions represent alone more than 16% of our interventions:
Administration 18%
Hospital 5%
Transits 18%
Residential 50%
Others 9%

Interventions during weekends or outside regular working hours

Description	Total calls
Hospital	40
Transits	22
Residential	25
Others (MSDC, Group Home, etc.)	2

Jacques Martin
Director of Material Resources

Human Resources

Human Resources play an important role in helping the Cree Board of Health and Social Services of James Bay (CBHSSJB) to attain its objective of *"Building a Strong and Healthy Cree Nation"* through the implementation of the *Strategic Regional Plan*.

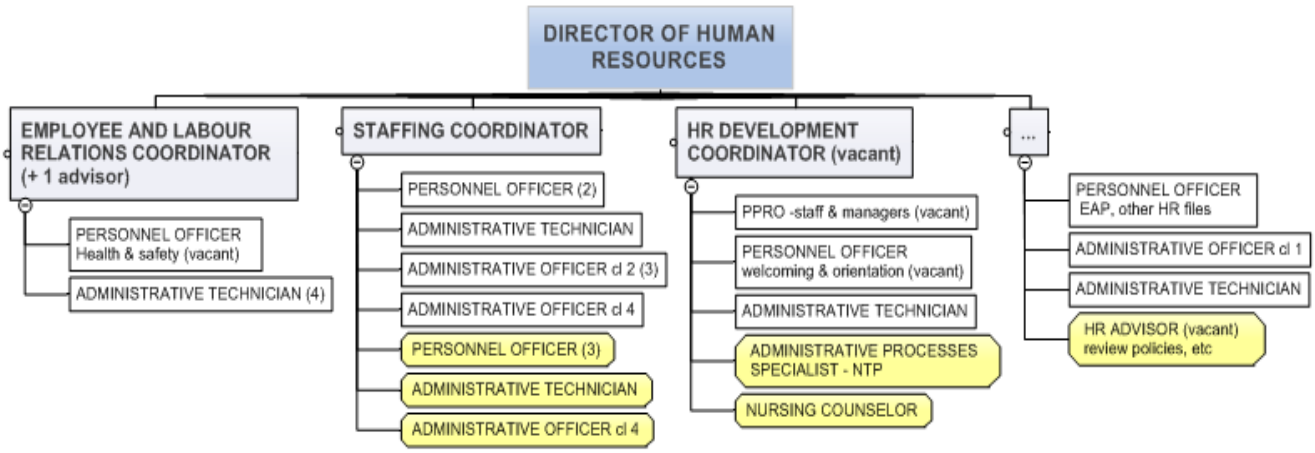
As stated in the *Strategic Regional Plan*, to reach our objectives we are driven by the following two guidelines:

- Guide and support the First Nations in respect of their own professional growth, skills, and dreams (Orientation 9).
- Attract and retain the required personnel by having a work environment that supports their well-being (Orientation 10).

The role of this service is to serve the CBHSSJB by developing and implementing policies, providing quality service and programs which:

- attract and retain employees;
- promote effective management practices;
- promote fair and equitable treatment of employees;
- provide training and development of personnel; and
- comply with all collective agreements and applicable legislation.

The CBHSSJB Human Resources team in 2009-2010



Employee Assistance Program (EAP)

The Employee Assistance Program was launched in 2010 by the CBHSSJB through the Human Resources Department and was well received. The employees of our organization will benefit

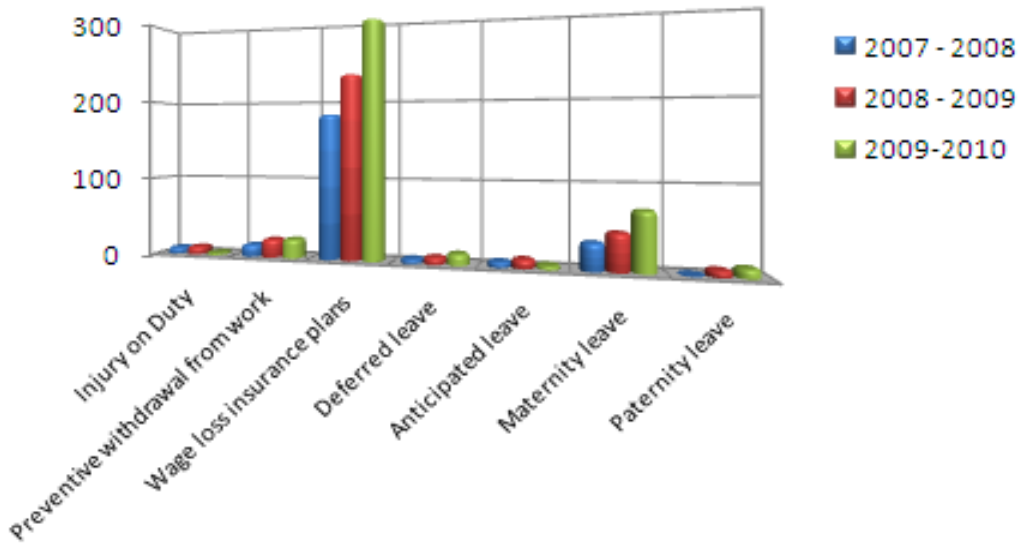
from the services in different personal areas. The services are fully confidential and the goal is to increase their well-being and ultimately to give the best services to the population. The program will be evaluated at the end of the current year in terms of satisfaction and adjustments will be done accordingly.

Labour relations and …

We held informal discussions and regular scheduled meetings with the CSN and FIQ to discuss union matters, settle grievances, some just before arbitration. We continue to give advice to managers and employees in regards to their respective collective agreements, disciplinary procedures and follow ups. We also handle special cases of employees involved in judiciary problems with the help from our legal advisors from FMC.

… Health & Safety

Work Absence Rates (open files)	2007 - 2008	2008 - 2009	2009-2010
Injury on Duty	8	10	3
Preventive withdrawal from work	15	23	24
Wage loss insurance plans	182	232	300
Deferred leave	6	9	14
Anticipated leave	7	11	5
Maternity leave	33	45	71
Paternity leave	1	8	11



Staffing

Personnel Plan

Since 2008, our goal has been to implement the organizational chart of each community. This started as a financial exercise. Today, these charts illustrate the staffing and housing needs we will encounter in the future. In addition, it permitted us to link all job titles and number of hours worked, to the new Nomenclature of the Ministry.

The personnel plan continues to be an integral part of Human Resources since 2009. The charts have been approved "globally" by the Board, but we must keep them updated on a daily basis. Working closely with the managers in their hiring plans, this tool has allowed us to be more structured in the recruitment exercise. All charts should be completed and approved after the Board of Directors' scheduled meeting in July 2010.

Recruitment

The recruitment activities performed by the personnel officers consisted of carrying out the entire procedure involved in filling a position. These activities would include, but not limited to, attending a variety of local and regional career fairs, advertising our job offers as well as conducting interviews. Throughout the 2009-2010 year, we have attended over 25 career fairs in our communities, universities, Cegeps in the Montreal, Quebec City and Ottawa areas as well as annual congresses for professional orders. The events in our communities enabled us to promote the CBHSSJB as well as our employment opportunities to the adult and youth populations. Local employees were invited to join the personnel agents in attending these events in order to promote these local resources and role models. These local events also enabled us to provide information concerning post-secondary institutions and the variety of health and social services careers available. Career fairs outside of Eeyou Istchee enabled us again to promote the CBHSSBJ and our employment opportunities. Above all, they enabled us to introduce and promote our communities, culture and values.

Furthermore, our recruitment activities included advertising over 221 job offers involving permanent or temporary positions in a variety of local, regional and national venues. These venues included all Cree entities such as the Cree Human Resources Development, the Grand Council of the Crees websites, as well as other national aboriginal employment websites.

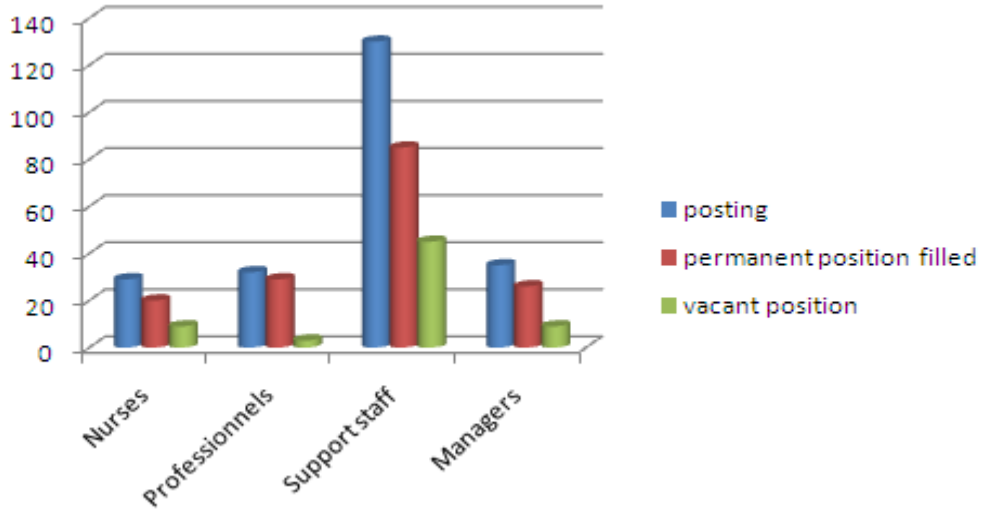
In brief, the year 2009-2010 was a success for we strongly believe that we have achieved our goals as personnel officers. The strategic regional plan has fostered the reorganization of the personnel plan, the creation of new programs and multiple new positions. This resulted in an increase of recruitment activities as well as working with new managers and personnel.

To conclude, we foresee the next year to be as challenging and as successful. We plan to increase our attendance at career fairs and events in our communities and elsewhere. Our strategic plan is to expand our recruitment avenues and to update our promotional material in order to follow the current trends. Hence, we look forward to visiting students of all ages in their classrooms, in our communities, and in post-secondary institutions. We also plan to advertise in the Montreal Metro system, as well as on a variety of social networks such as Facebook and Twitter, in producing promotional videos and developing a micro Human Resources website.

Statistics in Recruitment 2009-2010

We are always looking for qualified candidates to fill in positions on a permanent, interim, contractual or temporary basis. The organization is growing and so are our recruitment activities.

The effort put into attending career fairs and placing advertisements resulted in the nomination of employees into new positions as well as the hiring of new employees for vacant and new positions. From April 1st, 2009 to March 31st 2010, 188 people were interviewed resulting in the nomination of 157 peoples. Our efforts also accumulated in the hiring of 13 new nurses (status 2) and 14 new allied health professionals. We welcome them into our organization.



Other Statistics in Recruitment 2009-2010

The following charts and statistics give evidence that we have achieved our objectives and adhered to our guidelines:

All Employees	Number
Total number of employees	2039
Total number of Females	1442
Total number of Males	597

Native	Number
Total number of Native Employees	1661
Total number of Native Females	1174
Total number of Native Males	487

Non-Native	Number
Total Number of Non-Native Employees	378
Total Number of Non-Native Females	268
Total Number of Non-Native Males	110

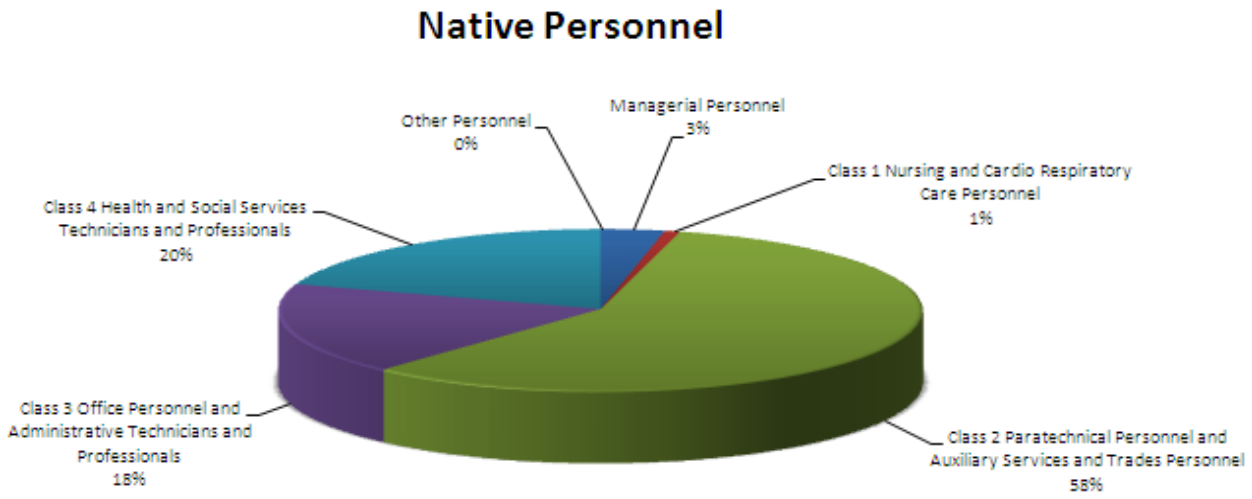
All Employees	Number
Status 1 - Permanent Full-Time	627
Status 2 - Temporary Full-Time	207
Status 3 - Permanent Part-Time	47
Status 4 - Temporary Part-Time	12
Status 5 - Occasional	1146

Native	Number
Status 1 - Permanent Full-Time	478
Status 2 - Temporary Full-Time	125
Status 3 - Permanent Part-Time	42
Status 4 - Temporary Part-Time	6
Status 5 - Occasional	1010

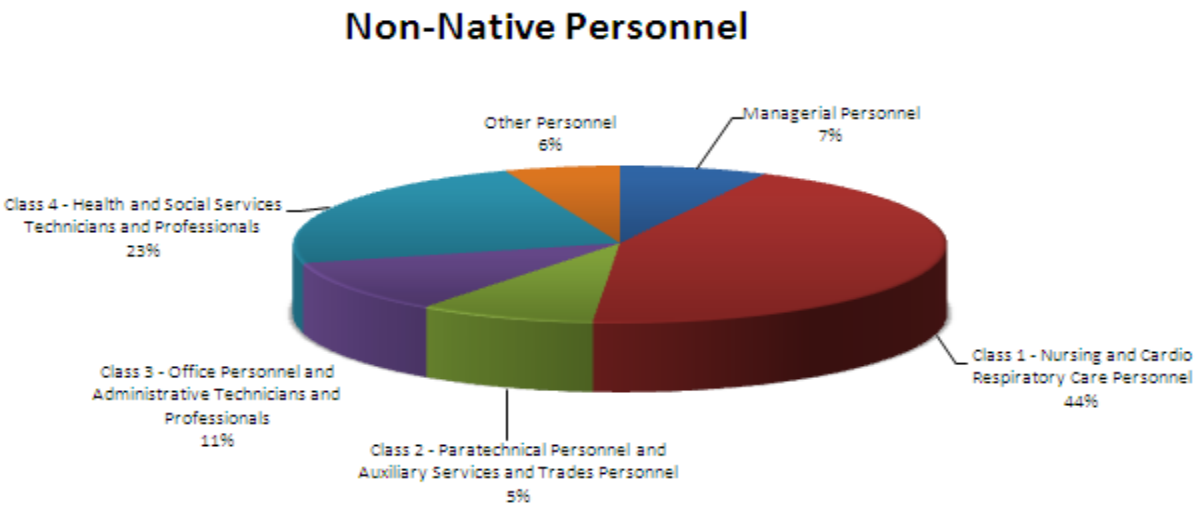
Non-Native	Number
Status 1 - Permanent Full-Time	149
Status 2 - Temporary Full-Time	82
Status 3 - Permanent Part-Time	5
Status 4 - Temporary Part-Time	6
Status 5 - Occasional	136

Jobs are grouped by type of employment, according to the new nomenclature from the Ministry. This is an overview of our organization according to this division:

	Native Personnel
Managerial Personnel	54
Class 1 Nursing and Cardio Respiratory Care Personnel	13
Class 2 Para technical Personnel and Auxiliary Services and Trades Personnel	958
Class 3 Office Personnel and Administrative Technicians and Professionals	304
Class 4 Health and Social Services Technicians and Professionals	332
Other Personnel	0
TOTALS	**1661**



	Non-Native Personnel
Managerial Personnel	28
Class 1 - Nursing and Cardio Respiratory Care Personnel	166
Class 2 - Para technical Personnel and Auxiliary Services and Trades Personnel	33
Class 3 - Office Personnel and Administrative Technicians and Professionals	41
Class 4 - Health and Social Services Technicians and Professionals	88
Other Personnel	22
TOTALS	**378**



	Employees
Managerial Personnel	82
Class 1 - Nursing and Cardio Respiratory Care Personnel	179
Class 2 - Para technical Personnel and Auxiliary Services and Trades Personnel	991
Class 3 - Office Personnel and Administrative Technicians and Professionals	345
Class 4 - Health and Social Services Technicians and Professionals	420
Other Personnel	22
TOTALS	**2039**

Human Resources Development

In providing quality service, we continue to offer a variety of programs to help staff develop and enhance their knowledge and skills.

Below is a summary of two of the main training activities that took place this fiscal year:

Community Health Representatives (MW/CHR) Program

In collaboration with the CÉGEP de l'Abitibi-Témiscamingue, one objective of the CBHSSJB was to train 60 Community Health Representatives (CHR) within a three year period. Due to a variety of circumstances, we will require more time in order to reach the aspired number of 60 trained CHRs. Given that the majority of students enrolled in the CHR program are mature students with family and financial obligations, the student financial income becomes an important issue for the entire family and their CHR training. The second challenge for many is

the adaptation to the student life itself with all the requirements that is necessary to succeed in the training program.

Group	Dates	# students
1	March 2009 to September 2010	3 Cree (1 on sick leave)
2	November 2009 to May 2011	4 Cree + 2 Algonquin
3	August 2010 to February 2012	Unknown

Each community was visited by the Nursing Counselor responsible for the CHR program. The program was promoted in all communities via word of mouth, regional and local radio, Nation magazine, brochures, posters. The program continues to be promoted and broadcast on local radios. In all, 52 people were met individually or in groups during these information sessions. Numerous applications were received from people living across Eeyou Istchee who were interested in the program.

We would like to thank the Cree Human Resources Development for their continued support with the Community Health Representative Program as well as our financial partners; Santé Canada (AHHRI), the CÉGEP de L'Abitibi-Témiscamingue and the Cree Human Resource Development (CHRD, CRA).

Human Resources Development – Nurses Annual Training March 14 to 28, 2010

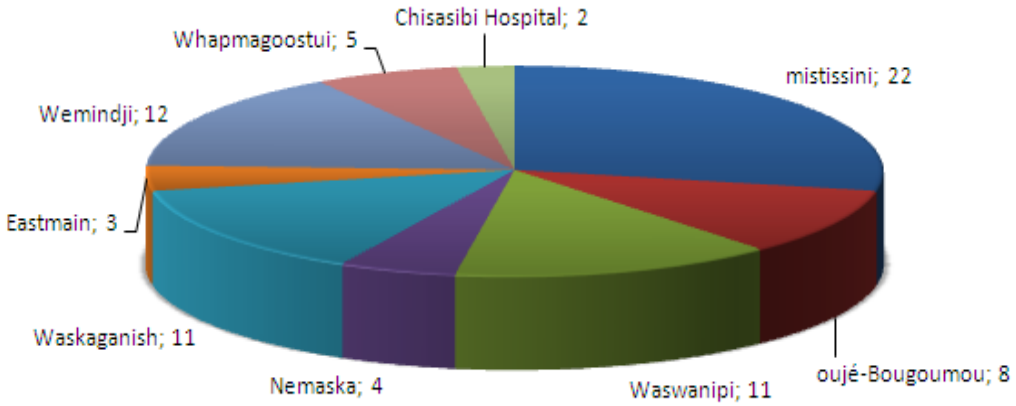
The advance of scientific knowledge and technology as well as the increased complexity of care requires our nurses to constantly update their knowledge and skills. Thus the CBHSSJB has adopted a continuous training policy that recognizes and supports efforts to ensure professional development. For the first time, this year's training was offered to the *nurses that are the main access to healthcare and as such, play an extended role in their communities.*

The Nurses Annual Training was as follows:

- C-MDSA + Traumatology 1 and 2 (Dr. Lachaîne and 3 ambulance technicians);
  - Pediatric physical examination (Dr. Kavi Gosal and Dr. Johanne Morel) , Sexual abuse (Approach psycho-social Dr. Franziska Baltzer);
- Pregnant women (obstetrical emergencies- Midwifes Christine Roy and Carol Couchie);
- Genetic update (Hélène Denoncourt).

Overview of participants in the Nurses Annual Training by community:

- Total of participants: 78
- Working areas: Currents services, Home care, Awash.



To advance the individual pursuits of professional development in order to meet legislative requirements, we must develop, maintain, and promote continuous improvement to the quality of our nursing practices, not only for our benefit but also for the betterment of those we have chosen to serve. We trust this training will serve us all.

Conclusion

We have made considered progress in a number of areas through collaboration and commitment to the implementation of the Strategic Regional Plan for our internal reorganization. Our accomplishments include improving our staffing activities, the working conditions of our administration, as well as the clarification of roles and accountabilities for people management.

Yolande Buisson
Director of Human Resources, Interim

Cree Non-Insured Health Benefits

Overview

The Cree Non-Insured Health Benefits Program is responsible for the management of non-insured health benefits for beneficiaries of the JBNQA, ordinarily residing in one of the Cree communities, as well as for delivering non-insured services which are medically necessary and prescribed by a Cree Board of Health and Social Services of James Bay (CBHSSJB) medical practitioner. Federal guidelines are generally followed but if benefits are available to Quebec residents, they are included as benefits in the Cree NIHB Program.

The daily operations of the non-insured health benefits are handled by different sectors within the CBHSSJB organization, such as the pharmacy, dental clinics, Cree Miyupimaatisiiun Centers and the Cree Patient Services.

Non-insured benefits and services that are covered under this program are:

- Prescription drugs
- Over-the-counter drugs and proprietary medicines
- Medical supplies
- Transportation for health reasons (including authorized escorts; interpretation services; meals and lodging)
- Vision care, including eyeglasses and contact lenses where medically necessary
- Dental care and orthodontics
- Hearing aids
- Emergency mental health services (short-term mental health services)
- Reimbursement of dispensing fees
- Repatriation of the deceased

Ineligible benefits or costs that are not covered under this program are:

- Private or semi-private room requested by the patient
- Surgery and other care for purely aesthetic reasons
- Pharmaceutical, dietetic or cosmetic products not insured within Quebec's health insurance regime OR which are not on Health Canada's NIHB Program list of recognized benefits
- Treatment received outside of Canada if it has not been pre-approved by the *Régie d'assurance maladie du Québec* (RAMQ)
- Artificial insemination and in vitro insemination
- Services provided by a private clinic
- Benefits not prescribed by a CBHSSJB physician or health professional

Cree NIHB Head Office

The Cree NIHB department consists of the following: NIHB Coordinator, Administrative Technician, and an Administrative Officer. Our department handles the checking and processing of all non-insured health benefits payments issued to suppliers and to beneficiaries for reimbursement of out-of-pocket medical expenses. We also provide information regarding Non-insured Health Benefits as required. The total NIHB expenditures are displayed in the financial resources section.

Activities and Highlights

Our department assists JBNQA beneficiaries who are temporarily living outside the Cree territory for educational purposes, medical reasons, or for employment by a Cree Entity, in dealing with the suppliers to ensure they receive the medical benefits which they are entitled to.

As for the NIHB Committee, it is currently inactive due to absences of some of the key members, such as the Director of Cree Patient Services, the Coordinator of Hospital Services, and the NIHB Coordinator. The main objectives of the committee are to review and amend NIHB policies and procedures to meet the needs of the JBNQA beneficiaries. The type of technology mainly used by the NIHB committee for meetings are video conferencing and telephone conferences in order to eliminate costs on travel expenses. The NIHB Coordinator is currently on maternity leave as of January 2010 and I (Betsy Scipio) am replacing her as the NIHB Coordinator-Interim, until October 2010.

The launching of the new NIHB Software was done in March 2009. It was developed to meet the needs of the Cree NIHB program. The main objective of the NIHB Software is to better control NIHB related service delivery and expenditures such as eligibility, entitlement, frequency, and costs of services. An electronic authorization format is currently in use, and most communities utilize the NIHB Software to issue authorization for services to suppliers and to beneficiaries of the JBNJQA who request for it.

The implementation of the NIHB Software is fully functional in all Cree communities, but some new users require training of the program because the previous trainees are either in long-term absences or they have moved on to other positions within the organization. Other communities using the NIHB system on a daily basis include Waskaganish, Mistissini, Ouje-Bougoumou, and Waswanipi. However, all other communities will eventually be required to use it.

Future Activities

The interface of the Virtuo System and the NIHB Software is under development and will hopefully be implemented in the next fiscal year. The interface developed by Sogescom is not compatible in regards to account numbers and requires modification. Once this is done, the NIHB department will be more productive and effective in processing payments and/or reimbursements to the clientele because we are currently using two different software programs in order to process a payment.

Other future plans for the next fiscal year is the interface between the dentistry and NIHB. This will reduce time on paperwork and invoicing for our employees when the work will be processed automatically within the system and the frequency of services will be available any time.

Conclusion

In closing, I wish to express my sincere gratitude to all personnel in the different sectors of this organization for their continuous support and assistance in the daily operation and management of the NIHB department. A special note of appreciation goes to the NIHB staff members for their continued dedication in their work and for providing the best care to the clients. A special thanks to the team from Sogescom for their assistance and exceptional work in the planning, development, training and deployment of the NIHB Software. Lastly, I would like to mention that I really enjoy my temporary position as the Interim NIHB Coordinator. It is a challenging and rewarding experience for me, as well as a worthwhile learning process.

Betsy Scipio
Coordinator NIHB - Interim

Information Resources

The annual report covers the fiscal period from April 1, 2009 to March 31, 2010.

The Informational Resource Department has 1 Director, 1 Coordinator, 3 Computer Technicians, 2 Administrative Technicians, 6 Computer Analysts for a total of 13 staff members of the department.

Number of calls received at the IT department

As illustrated, the helpdesk has successfully achieved the first goal of its existence which was to respond and service more than 50% of all calls received. The total volume of calls has increased by more than 35 %.

Call Assignments	**number of calls**	**%**
Call serviced by the helpdesk	2609	50%
Call serviced by the computer technicians	1722	33%
Call serviced by the analysts	574	11%
Call serviced by the network administrator	314	6%
Total calls received and serviced:	**5219**	**100%**

Inventory of the IT department

Number of computers:	842
Number of new desktops:	43
Number of new laptops:	54
Number of new printer-scanners:	6

IT requisition

More than 157 IT requisitions have been answered

Cellular phones

Regular cell phone	203
Blackberry	40
Internet card	62
Total:	305

Project Achievements:

Network Project

- Upgrade of Microsoft Office, Trendmicro, Sphinx and Divar server
  - Network configuration

- Chisasibi:
  - Installation of Network Antenna (Group Home)
  - Renovation of server room at the CHB administrative offices is being done
  - Installation of the C-Class at the CHB administrative offices on a trial basis
  - Wi-Fi Beta version at the CHB administration offices

- Wemindji:
  - Planning of new network in Wemindji

Applications

Finance: Implementation of phase one of the virtuo application

CPS: implementation of beta version of application

H1N1: a backup system and a backup network was put in place to ensure that these would be available in non-traditional sites when required and necessary, this applied to the telephone system as well including the support of the applications

Hospital:
- Upgrade of the SIIATH application
- Change of the Analyzer and interface at the laboratory

Security:
- Security camera installed at the CHB administrative offices
- Security card system installed at the CHB administrative offices

Photocopier:

- Optimization of all photocopier, printer, scanner and fax

CMC Wemindji:

- Startup of the Wemindji CMC
- Implementation of dentistry software
- Implementation of pharmacy software

Mistissini:

- Visio Conferencing System at the Public Health Office building
- Update of the Ramses server for Public Health

Future Plans

- Telephone: initiate negotiations to revamp the whole network
- Planning of Mistissini CMC, Waskaganish CMC, Nemaska CMC, Eastmain CMC, and Waswanipi CMC
- Planning of Chisasibi CMC
- Planning of Youth Protection application
- Planning of Material Resources application, Helios (management of electricity cost) and management of immobilization.
- Implementation of the prioritized applications as determined by the RLISWT over the next 3 years
- Drafting of the IT Security Director Plan and its implementation
- Drafting of a DRP and its implementation
- Sharepoint application, upgrade of Windows and Lotus
- Private network for visio web-casting and other
- Completion of the virtualization of the servers
- Virtualization of the entire server in order to reduce space and accelerate the resolution of problem
- FTP Server - The server will provide us with the opportunity to program a massive transfer of files. This will reduce the heavy flow of Lotus Notes and give us more efficiency. It will also be faster and easier to create a remote backup using that Server
- Other projects related to improve the network (ECN, RETEM)

Patrick Côté
Director of Information Resources

Annex A: CBHSSJB Financial Statements 2009-10