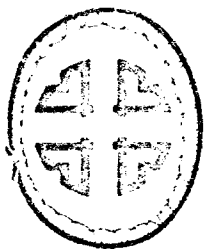


CREE BOARD OF HEALTH AND SOCIAL SERVICES
OF JAMES BAY

1983-84 ANNUAL REPORT

TABLE OF CONTENTS

	<u>Page</u>
. Letter of Mr. Steven Bearskin.....	4
. The Cree Board of Health and Social Services of James Bay.....	5
. Members of the Board of Directors.....	7
. Members of the Administrative Committee.....	10
. Members of the Audit Committee.....	10
. Management Personnel.....	11
. REPORT OF THE ACTING GENERAL MANAGER.....	13
. ACTIVITY REPORT: HEALTH SERVICES.....	17
. Dental Services.....	19
. Nursing Department.....	21
. Community Clinics - Community Health.....	25
. Medical Records Department.....	29
. Pharmacy.....	33
. Laboratory.....	37
. Radiology.....	39
. ACTIVITY REPORT: SOCIAL SERVICES.....	41
. ACTIVITY REPORT: ADMINISTRATIVE SERVICES.....	49
. Human Resources Department.....	51
. Auxiliary Services.....	53
. Finance Department:	
- Operating fund / Balance sheet.....	55
- Operating fund / Revenues and expenses.....	56
- Capital fund / Balance sheet.....	57
- Comparative study of remunerated hours.....	58
- Distribution of expenses by department.....	59
- Distribution of expenses - Health Services.....	60
- Distribution of expenses - Social Services.....	61
- Distribution of expenses - Administrative Services..	62



Conseil Cré de la santé et des services sociaux de la Baie James
σ D d 7 ° b 7 Δ r Δ · Δ Δ ° Δ a a b r C b σ D °
Cree Board of Health and Social Services of James Bay

Chisasibi, June 27, 1984

Mr. Albert W. Diamond
Chairman of the Board of Directors
Cree Board of Health and
Social Services of James Bay
Chisasibi, QC
JOM 1E0

Mr. Chairman,

I am pleased to send you a copy of the annual report of the
Cree Board of Health and Social Services of James Bay.

We wish to express our gratitude to the members of the Board
who were willing and have contributed generously and effectively to
the management of the Cree Board of Health and Social Services of
James Bay.

As in previous years, we have continued to maintain and
strived to improve all our services throughout Region 10-B for all
Cree beneficiaries of the James Bay and Northern Quebec Agreement.

Yours truly,

Steven Bearskin,
Interim General Manager

SB/sb

Encl.

THE CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

The James Bay and Northern Quebec Agreement, signed on November 11, 1975, between the Governments of Canada and Quebec as well as the Grand Council of the Crees of Quebec, anticipated the creation of a Cree Regional Board which would be responsible for the administration of appropriate health and social services for all people, either permanently or temporarily residing in Region 10-B.

The Order in Council 12-13-1978 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 also maintain public establishments in one or more of the following four (4) categories:

- . Local Community Services Centre
- . Hospital Centre
- . Social Services Centre
- . Reception Centre

Presently, the Cree Board of Health and Social Services of James Bay administers two (2) public establishments as well as seven (7) community clinics situated in each Cree community of Region 10-B.

Chisasibi Hospital
Chisasibi
James Bay, Qué.
JOM 1EO
Tel.: (819) 855-2844

Cree Social Services Centre
Chisasibi
James Bay, Qué.
JOM 1EO
Tel.: (819) 855-2844

Community Clinic of Great Whale
Great Whale River
Hudson Bay, Qué.
JOM 1GO
Tel.: (819) 929-3307

Community Clinic of Mistassini
Mistassini Lake
Baie du Poste
Via Chibougamau, Qué.
GOW 1CO
Tel.: 923-3222

Community Clinic of Wemindji
Wemindji
James Bay, Qué.
JOM 1LO
Tel.: 978-0225

Community Clinic of Eastmain
Eastmain
James Bay, Qué.
JOM 1W0
Tel.: 977-0241

Community Clinic of Rupert House
Rupert House
James Bay, Qué.
JOM 1R0
Tel.: 895-8833

Community Clinic of Nemaska
Champion Lake
c/o Camp Nemaska, Qué.
JOY 3B0
Tel.: 673-2511

Community Clinic of Waswanipi
Waswanipi, Qué.
JOY 3C0
Tel.: 753-5331

MEMBERS OF THE BOARD OF DIRECTORS OF THE CREE BOARD OF HEALTH
AND SOCIAL SERVICES OF JAMES BAY
FROM APRIL 1, 1983 TO MARCH 31, 1984

One Cree representative for each one of the different Cree communities of the region usually served by the Regional Board, elected for three (3) years from among and by the members of the community which he/she represents:

- . Mr. Albert Diamond
 - Rupert House representative
 - Chairman of the Board of Directors of the C.B.H.S.S.J.B.
 - . Mr. Steven Bearskin
 - Chisasibi representative
 - Acting General Manager of the C.B.H.S.S.J.B. from September 17, 1983 to May 13, 1984
 - . Mr. Isaac Meskino
 - Nemaska representative
 - . Mrs. Bella Petawabano
 - Mistassini representative
 - . Mrs. Maria Kawapit
 - Great Whale River representative (1)
 - . Mr. John Kitchen
 - Waswanipi representative
 - . Mr. Reggie Mark
 - Wemindji representative
 - . Mr. Norman Cheezo
 - Nemaska representative (2)
- (1) Elected on January 23, 1984. Replaces Mr. John Petagumskum whose mandate was expired since April 19, 1983.
- (2) Elected on August 31, 1983. Replaces Mr. George Gilpin whose mandate was to expire on April 19, 1985.

One Cree representative elected for three (3) years by the Cree Regional Authority:

- . Mr. Henry Mianscum
- Vice-Chairman of the Board of Directors of the C.B.H.S.S.J.B.

Three representatives elected for three (3) years from among and by the persons who are members of the clinical staff of any establishment of the said Region, with a maximum of one representative for each professional corporation:

- . Miss Marie-Berthe Ouellet
- Director of the Community Clinics - Health Services
- . Mr. René Proulx
- Laboratory Technician at the Chisasibi Hospital Centre
- . Mr. Richard Dufresne
- Assistant General Manager - Social Services

One representative elected for three (3) years among and by the members of the non-clinical staff of any establishment of the said Region:

- . This position has been left vacant following the departure of Mr. James Neacappo on December 1, 1983.

The Director of the Community Health Department of a Hospital Centre, forming part of the Regional Board or with which the Regional Board has a service contract or his nominee or the Director of Professional Services or his nominee. The Cree Regional Authority shall appoint such person if there is more than one such centre:

- . Mr. Pierre-Paul Mercier
- Director of Finance, Montreal General Hospital

The General Manager of the establishment and, if there is more than one such establishment in the said Region, a person chosen from among and by the General Managers:

- . Mr. Michel Gauthier
- General Manager of the C.B.H.S.S.J.B., from April 1, 1983 to September 16, 1983 *

* As of May 14, 1984, Mr. Pierre Pichette holds the position of General Manager.

During the period covered by the present report, there have been five (5) meetings of the Board of Directors.

MEMBERS OF THE ADMINISTRATIVE COMMITTEE OF THE CREE BOARD OF HEALTH
AND SOCIAL SERVICES OF JAMES BAY
FROM APRIL 1, 1983 TO MARCH 31, 1984

- . Mr. Albert Diamond (Chairman)
- . Mr. Michel Gauthier (from 01/04/83 to 16/09/83)
- . Mrs. Bella Petawabano
- . Mr. Steven Bearskin
- . Mr. Reggie Mark
- . Mr. Richard Dufresne

The Administrative Committee has held ten (10) meetings from April 1, 1983 to March 31, 1984.

MEMBERS OF THE AUDIT COMMITTEE OF THE CREE BOARD OF HEALTH
AND SOCIAL SERVICES OF JAMES BAY
FROM APRIL 1, 1983 TO MARCH 31, 1984

- . Mr. Henry Mianscum
- . Mr. Pierre-Paul Mercier
- . Mr. Isaac Meskino

AS OF MARCH 31, 1984, THE EXECUTION OF THE DAILY ACTIVITIES OF THE
CREE REGIONAL BOARD WAS ASSURED BY THE FOLLOWING
MANAGEMENT PERSONNEL

Acting General Manager	Mr. Steven Bearskin
General Secretary	Mr. Michel Plouffe
Assistant General Manager of Health Services	Mr. René Bertino
Director of Nursing	Mrs. Rolande Thibeault
Director of Community Clinics Health Services	Miss Marie-Berthe Ouellet
Head of Patient Services - Val d'Or	Mrs. Thérèse Snyder
Coordinator of Community Health Programs	Mrs. Murielle Bourdouxhe
Coordinator of Nursing (day)	Miss Lorraine Drouin
Coordinator of Nursing (evening)	Miss Monique Villeneuve
Director of Professional Services	Dr. P. J. Powers
Head of Pharmacy	Mr. Emmanuel Laborde
Assistant General Manager of Social Services	Mr. Richard Dufresne
Acting Director of Youth Protection	Mr. Abraham Bearskin
Assistant General Manager of Administrative Services	Mr. Daniel Caron
Finance Management Consultant	Mr. Ali Hamrouni
Assistant Director of Finance	Mr. Loc Dac Nguyen
Head of Purchasing	Mr. Morley McKee
Director of Auxiliary Services	Mr. George Pachanos
Head of Maintenance	Mr. Roderick Matches
Head of Dietary	Mrs. Nellie House
Acting Director of Human Resources	Mr. Daniel Legault
Personnel Management Consultant	Mr. Michel De Vos

REPORT OF THE (ACTING) GENERAL MANAGER

The Cree Board of Health and Social Services of James Bay has officially completed six (6) years of operation. The outlook for year seven seems positive, as events of this past year will enhance the delivery of health and social services throughout Region 10-B.

In addition to our normal day-to-day business, the Senior Management Staff was directed to plan, develop, implement and manage new proposals and projects for the short-term and long-term operations of the Cree Board of Health and Social Services of James Bay. The additional events, proposals and projects that were met and developed by the organization were:

Resignation of the General Manager

Mr. Michel Gauthier resigned as General Manager of the Cree Board of Health and Social Services of James Bay as of September 16, 1983. Mr. Steven Bearskin was appointed Acting General Manager, until such time the Board hires a new General Manager.

Zero Base Budget

During the summer of 1981, the Government of Québec recognized the special status of the Cree Board of Health and Social Services of James Bay. The Cree Board of Health and Social Services of James Bay is the only council in the province of Québec empowered to maintain and operate (A) local community service centres, (B) hospital centres, (C) social service centres and (D) reception centres. In view of this, the Minister of Social Affairs confirmed that the department would plan the annual budget allocation through a «zero base budget» approach.

It was not until October 1983 that officials from the Ministry of Social Affairs and the management personnel of the Cree Board of Health and Social Services of James Bay discussed its annual operation budget, and came to an agreement to the actual financial needs of Region 10-B and confirmation of this agreement has been received from the Minister of Social Affairs.

The Cree Board of Health and Social Services of James Bay is finally in a financial position, whereby it will be allocated the minimum amount of funds required to administer and deliver health and social services throughout Region 10-B.

Budgetary Adjustment Plan

In order to prevent a substantial deficit as of March 31, 1984, it was necessary to develop and implement a budgetary adjustment plan during the year.

The budgetary adjustment plan was carried out in consultation and approval of the Board and the Ministry of Social Affairs, and during the zero base budget discussions. The plan was implemented without decreasing health and social services throughout Region 10-B.

Triennial Development Plan

The Government of Québec committed itself with the Grand Council of the Crees (of Québec) to review all its obligations, under the James Bay and Northern Québec Agreement. The Cree Board of Health and Social Services of James Bay was mandated by the Grand Council of the Crees (of Québec) to participate in the discussions regarding section 14 of the Agreement. The discussions with representatives of the Government of Québec have been concluded, and a three-year development plan has been agreed to in principle by both parties. This agreement will be recommended to the Government of Québec for its acceptance.

The agreement is a request for more health facilities, residences for personnel, furnishings for the residences, and additional medical equipment for the new clinics. There are also requests for more funds to cover additional health and social services, fringe benefits for employees and funds to provide more training for the employees and to do more research.

Should the triennial development plan be accepted and implemented, it will allow the Cree Board of Health and Social Services of James Bay to carry out its mandate throughout Region 10-B, to its fullest extent and greatly improve the services for all the people within each Cree community.

Construction projects

Following the Federal Review on the James Bay and Northern Québec Agreement, a total amount of 2.5 million dollars was allocated to the Cree Board of Health and Social Services of James Bay. These monies were used to build new clinics and residences, or to renovate existing clinics and residences in the communities of Mistassini, Waswanipi, Rupert House, Eastmain and Paint-Hills. Monies for renovation at Nemaska were provided by the Government of Québec.

Discussions are being held with a view of building a new clinic and residences at Great Whale River. Negotiations are still ongoing for additional residences for the communities of Mistassini and Chisasibi.

The Government of Québec has provided monies to purchase additional medical equipment and furnishings for the new clinics and residences in the various communities, and the budgets of the Cree Board of Health and Social Services of James Bay will be adjusted in order to maintain the new facilities that have been built for the Cree Board of Health and Social Services of James Bay.

Organizational Plan

Having experimented with various types of organizational plans since 1975, and taking into consideration our multiple role as a council, the Cree Board of Health and Social Services of James Bay adopted a new organizational plan on December 21, 1983. This plan was also submitted to the Minister of Social Affairs for its approval. Preliminary indications from Social Affairs respecting this plan have been positive.

Finally, the zero base budget discussions and the budgetary adjustment plan will assure and provide financial stability and personnel requirements for the future. The triennial development plan, if implemented, will greatly improve the services throughout Region 10-B. The completion of the various construction projects assures us the needed facilities for now and the foreseeable future.

The new organizational plan will finally, for the first time in our history, provide a specific direction for all personnel on a local and regional level. Year seven and the coming years have a pleasant outlook for all persons residing within the eight (8) Cree communities.

ACTIVITY REPORT: HEALTH SERVICES

ACTIVITY REPORT: DENTAL SERVICES

This past year, 5,843 persons residing in Region 10-B have been treated by our dental team. In comparison with 1982-83, this represents an increase of 36.1% in the number of patients having received dental services.

Statistics

From April 1, 1983 to March 31, 1984

<u>COMMUNITIES</u>	<u>NUMBER OF PATIENTS</u>	
	<u>1983-84</u>	<u>1982-83</u>
Chisasibi	2843	1922
Rupert House	416	486
Eastmain	273	416
Mistassini	487	356
Great Whale River	746	235
Waswanipi	580	83
Nemaska	52	356
Wemindji	446	439
TOTAL	5843	4293

Prothesis service

The services of a denturologist was once again ensured on a regular basis in 1983-84. Four hundred and seventy-six (476) persons consulted our dental prothesis specialist which represents an increase of 243% over last year's consultations.

<u>NUMBER OF PATIENTS</u>	<u>1983-84</u>	<u>1982-83</u>
Total patients	476	196
Number of prothesis	259	45

<u>NUMBER OF PATIENTS</u>	<u>1983-84</u>	<u>1982-83</u>
Number of refittings	19	14
Number of repairs	81	37

Dental Care Program

For the first time, during the 1983-84 academic year, a prevention program on dental health and nutrition has been applied in all the schools of the James Bay Cree School Board.

The specific objectives of the program were:

- . To inform students on the developing process of tooth decay and periodontal diseases;
- . To inform students on how to prevent tooth decay, that is to say by a better choice of food and an observance of dental hygiene (brushing and dental floss);
- . To make the intervenors (parents, teachers, Band Councils, Health Committees) sensitive to the role they have to play in the development and maintenance of dental health among native children;
- . To increase the availability of nutritious and non-decaying food at the market.

Only time and the yearly repetition of the program will enable us to fully evaluate to what extent the aforementioned program has contributed in increasing healthy smiles.

ACTIVITY REPORT: NURSING DEPARTMENT

The beginning of 1983 was marked once again by the departure and arrival of a new group of management personnel in the nursing area. Despite this high turnover at key job level, we must admit that the individuals now in place are showing special organizational skills and the results are there to prove it.

Outpatient Clinic

Throughout the year, this department has provided training courses to several nurses assigned to work in Community Clinics. Furthermore, the professionals of this department have also ensured the organization of preventive clinics and follow-ups required in various files.

Two maternity leaves as well as a permanent departure have brought new faces within the group.

Medicine

For the last six (6) months, the activities and realizations of this unit have been numerous. Let's stress, among other things, the setting up of work groups who have turned their attention on various subjects such as the beneficiaries' medical record keeping card, and the development of nursing techniques in conformity with the Nurses Act.

More specifically, we have also witnessed the development and application of a protocol relating to the administration and control of drugs.

Moreover, the reorganization of the obstetric unit allows more effective and functional work. Finally, a rationalization of the spaces as well as the inventory of supplies and the upkeep of the rooms have succeeded in making the work environment more pleasant and functional.

As for the nursing staff working in Medicine, we have noticed that approximately 80% of the employees have been in place for more than two (2) years and 20% have in between six (6) months and one (1) year of service. The operating costs of this unit have been reduced, thanks to the reorganization of the staff's positions and the work schedule. 75% of the job descriptions for these positions have also been completed.

Community Health

The following table sums up the activities of this service throughout the 1983-84 period.

<u>ACTIVITIES</u>	<u>NUMBER OF PEOPLE</u>
Immunization (PPD vaccination)	853
Prenatal Clinic	878
H.T.A. Clinic	729
Well baby with Doctor	249
Well baby with Nurse	294
Pediatrics Clinic	155
INH refill	4,143
Home visits	236
Tuberculosis X-ray Program	1,100
Personnel Clinics	48
INH - PPD - Flu Clinic	44
T.B. (+F/u) contacts	115
Active T.B.	4
Audiometry	83
ORL consultation	150
Ophtalmology consultation	500
Pediatrics consultation	12
Internal medicine consultation	13
Orthopaedics consultation	40
Community health consultation	20

Furthermore, one nurse has provided health services at the school at the rate of 4.5 days per week.

Dietotherapy

Individual consultations (640) throughout this year have been reduced of 50% compared to last year (1,392). This voluntary decrease in the number of consultations has allowed our Dietician to carry out

an important number of collective activities at the nutrition level, as well as to take part in various preventive or sanitary education programs such as:

- 1983-84 month of nutrition
- Breast feeding program
- Nutrition course in Mistassini
- School health, dental health and nutrition program
- Gastro-enteritis preventive program
- Information regarding nutrition at the Hospital

Patient Services of Chisasibi

Despite the closing of half a position in this department, we maintained the same activities (plane ticket reservations, medivacs, reception of patients, etc.) by counting on the constant devotion of the personnel as well as the reassignment of duties.

Patients Services of Val d'Or

This service outlet of the Cree Health Board has greeted 2000 patients throughout the year. Interpretation services as well as the transportation and the lodging of beneficiaries requiring medical examinations and/or treatments were the main activities carried out by this out-region service.

Statistics

Forty-five (45) medivacs among which twenty-eight (28) originated from Chisasibi, were carried out throughout the year. The costs related to these medivacs reached 277,367\$. Moreover, an amount of 27,813\$ was allocated for evacuations by helicopters.

Medical consultations outside Region 10-B amounted to 638,127\$. Furthermore, 496 families have accommodated beneficiaries in their homes for an amount of 129,253\$.

1984-85

The new year will be orientated towards personnel training, the revision and the application of health care techniques.

ACTIVITY REPORT: COMMUNITY CLINICS - COMMUNITY HEALTH

Throughout 1983-84, we have noticed that the administrative work relative to a smooth operation of the seven (7) Community Clinics of the Region required the hiring of a full-time employee. This person took up her post in October 1983 as Director of the Community Clinics.

The following table gives a general idea of the number of patient visits per Community Clinics during the last ten (10) financial periods that is, from June 18, 1983 to March 31, 1984.

<u>COMMUNITY</u>	<u>NUMBER OF VISITS</u>
Great Whale River	2,147
Wemindji	3,040
Eastmain	1,892
Rupert House	5,032
Nemaska	1,399
Waswanipi	2,742
Mistassini	5,421
TOTAL	21,943

During the same year, several activities and programs regarding community health have been carried out. The following table sums up these activities.

TARGET POPULATION	DESCRIPTION	TOTAL APPLICATION	GRADUAL APPLICATION	TOTAL APPLICATION PLANNED
- 0 to 4-year old children (maternal and infantile health)	. growth control . immunization	x x		
- Students	. tracking down of health problems: eye and auditory problems, tuberculosis, growth . immunization . sanitary education: - dental health - nutrition - hygiene - prevention of accidents - venereal disease, sexuality - drugs, alcoholism	x x x x		 x x x x
- Pregnant women (maternal and infantile health)	. pregnancy follow-up . prenatal meetings . breast feeding information	x	 x x	 x x
- Mothers	. postnatal visits . tracking down of cervix cancer	x	 x	
- Parents	. information relative to the child's growth			x
- Population	. tracking down of tuberculosis . information relative to gastro-enteritis . bush-kit . sanitary education . follow-up of chronic diseases: - diabetes - HTA - cardio-respiratory - obesity - psychomotor handicap . Tracking down of health problems: - mercury overexposition - HTA, glaucoma	x x x x x	 x x x x	 x

Finally, it would be appropriate to underline that in the process of improving the quality of health services, the Cree Health Board orientates itself towards a greater involvement of native people in this field. For example, fifty-five (55) native people have been trained in first aid care through the bush-kit program in the summer of 1983.

Moreover, the implementation of the Community Health Representative (CHR) program will help us in attaining our nativism objectives in addition to intensifying the preventive fold of our health services as well as to better articulate and adapt the community health programs to the socio-sanitary needs of the population.

MORTALITY STUDY AMONG THE JAMES BAY CREES (1975-1982)

A Mortality Study carried out by Dr. Elizabeth Robinson, a Medical Consultant to our affiliated Department of Community Health of the Montreal General Hospital, was presented at the Sixth International Symposium on Circumpolar Health, held in Anchorage, Alaska, from May 13 to 18, 1984. The data on mortality used by Dr. Robinson were based on 310 deaths from 1975 to 1982 which occurred in the eight (8) Cree communities or in their immediate surroundings.

The following results were obtained from the aforementioned study:

- . «The Cree population is young; both the birth rate (30.1/1,000) and the fertility rate (139.0/1,000 females 15-49) are twice Québec levels;
- . Cree life expectancy, while lower than Québec's, is still considerably higher than that of the poorest districts of Montreal;
- . Indirect age standardisation using Canadian rates for 1978 indicates that the overall Cree death rate is 1.4 times higher than the Canadian rate;
- . Infant mortality decreased from 49.7 deaths per 1,000 live births for the three year period from 1975 to 1977, to 22.2 deaths per 1,000 live births for the three year period from 1981 to 1983;
- . Over the eight year period from 1975 to 1982, infant mortality (0 - 28 days) was 8.0/1,000, close to Quebec's 7.5, while post neonatal mortality (29 - 365 days) at 29.0/1,000 was more than eight (8) times the Quebec rate;
- . Cree infant mortality was higher than that of Canadian Indians and Alaska natives but does not appear to be as high as that of the Québec Inuit population;

- . Cree death rates are higher than Québec rates up to age 44 and they are especially high in children under 15;
- . Cree death rates for tumors and heart diseases are lower than those for Canada, while rates for respiratory and infections diseases, and injuries and poisoning are higher;»

The above related information is only a summary of Dr. Robinson's study and copies of the complete report can be obtained at the following address:

Dr. Elizabeth Robinson, M.D., M.Sc., C.C.F.P.
Medical Consultant
Northern Québec Module
Department of Community Health
Montreal General Hospital
2100, Guy St.
Suite 204
Montréal (Québec)
H3H 2M8

Tel.: (514) 933-6704

ACTIVITY REPORT: MEDICAL RECORDS DEPARTMENT

Despite a change in 2/3 of the personnel in place, this department has succeeded in meeting the requirements, the needs and the requests of the users.

It is important to underline that the team opened three hundred (300) new files, that is one hundred (100) more than last year.

	<u>1983-84</u>	<u>1982-83</u>
<u>ADMISSIONS</u>		
. Medicine	216	228
. Obstetrics	92	102
. Pediatrics	141	198
. Newborns	66	57
<u>TRANSFERS FROM ACUTE CARE TO LONG-TERM CARE</u>		
. Medicine	5	6
. Pediatrics	4	1
<u>PATIENT-DAYS</u>		
<u>Short-term care</u>		
. Medicine	1909	2484
. Obstetrics	375	344
. Pediatrics	735	957
. Newborns	253	189
<u>Long-term care</u>		
. Medicine	1540	1325
. Pediatrics	700	621
<u>DAILY PATIENT LOAD</u>		
<u>Short-term care</u>		
. Medicine	5.2	6.8
. Obstetrics	1.0	.9
. Pediatrics	2.0	2.6
. Newborns	.7	.5

	<u>1983-84</u>	<u>1982-83</u>
<u>Long-term care</u>		
. Medicine	4.2	3.6
. Pediatrics	1.9	1.7
<u>% OF OCCUPATION</u>		
. Obstetrics	25.6%	23.6%
. Newborns	17.3%	12.9%
<u>NUMBER OF CHILDBIRTH</u>	64	57
<u>DISCHARGES</u>		
<u>Short-term care</u>		
. Medicine	213	218
. Obstetrics	93	100
. Pediatrics	143	195
. Newborns	67	55
<u>Long-term care</u>		
. Medicine	3	5
. Pediatrics	3	1
<u>HOSPITALIZATION DAYS</u>		
<u>Short-term care</u>		
. Medicine	1764	2354
. Obstetrics	374	341
. Pediatrics	799	881
. Newborns	253	204
<u>Long-term care</u>		
. Medicine	281	391
. Pediatrics	398	256
<u>AVERAGE STAY</u>		
<u>Short-term care</u>		
. Medicine	8.3	10.8
. Obstetrics	4.0	3.4
. Pediatrics	7.8	4.5
. Newborns	3.8	3.7
<u>Long-term care</u>		
. Medicine	93.7	78.2
. Pediatrics	132.7	256.0

	<u>1983-84</u>	<u>1982-83</u>
<u>TRANSFERS TO OTHER HOSPITALS</u>		
. Medicine	26	18
. Obstetrics	10	19
. Pediatrics	8	12
. Newborns	3	1

OPERATIONS WITHOUT ANY GENERAL ANAESTHESIA

. Tooth extractions	23	52
---------------------	----	----

DEATHS

Short-term care

. Medicine	-	4
. Pediatrics	1	1

Long-term care

. Medicine	1	2
. Pediatrics	1	-
. Upon arrival at the hospital	1	1

VISITS TO THE OUTPATIENT CLINIC AND EMERGENCY

. Emergency	6227	5120
. General medicine	6309	5530
. Preventive medicine: . HTA	722	922*
. . Prenatal	690	
. . Pap-test	95	
. Dental services: . appointments	2412	1682
. . consultations	2	10
. Nutrition: . consultations	30	49
. Specialists: . consultations	605	703

Special fields: internal medicine, psychiatry, pedo-psychiatry, ORL, pedo-cardiology, pediatrics, ophtalmology and neurology.

* Total of the H.T.A., Prenatal and Pap-test clinics.

ACTIVITY REPORT: PHARMACY

Medication distribution

In order to improve the card-index distribution system, prescription notices are now directly issued to doctors. This innovation has for effect to eliminate as much as possible the drafting of prescriptions by the nursing staff, prescriptions which had to be countersigned by the doctor afterwards.

Prescriptions

Issued inpatient prescriptions	3,048
Issued outpatient prescriptions	13,275
Prescriptions issued outside regular working hours	1,418
TOTAL	<u>17,741</u>
Inpatient beneficiaries	1,585
Outpatient beneficiaries	10,156
TOTAL	<u>11,741</u>

Average beneficiaries per day:

$$\frac{11741}{261} = 44.98 \text{ or } 45$$

Prescribed controlled medication per year: 182

Prescribed narcotics per year: 340

Statistics

Percentage of consumption per class and sub-class of medication depending on the number of prescriptions.

	<u>INPATIENTS</u>	<u>OUTPATIENTS</u>
Antihistaminics	0.000%	0.623%

	<u>INPATIENTS</u>	<u>OUTPATIENTS</u>
Anti-infectious	12.256%	15.761%
Medication of the autonomous nervous system	3.342%	3.027%
Cardiovasculars	6.128%	7.034%
Electrolyte-diuretics	5.571%	7.658%
Cough medication	0.278%	1.424%
O.R.L.	3.899%	6.945%
Gastro-intestines	12.813%	5.075%
Hormones and substitutes	11.142%	4.986%
Skin and mucous membranes	6.406%	16.206%
Spasmolytics	8.077%	3.918%
Vitamins	8.356%	6.411%
Blood medication	0.278%	0.449%
Analgesics	10.863%	16.562%
Tranquilizers	0.837%	0.623%
Hypnotic sedatives	3.626%	1.424%
Anticonvulsives	5.571%	1.246%
Antidepressors	0.001%	0.178%
Others	0.556%	0.449%

Medication costs

The amounts which are shown in the following table represent the actual costs of the medication forwarded to the Community Clinics:

<u>COMMUNITIES</u>	<u>1983-84</u>	<u>1982-83</u>
Great Whale River	22,168.92\$	20,108.18\$
Wemindji	20,841.68	21,289.94
Eastmain	7,547.05	8,200.93
Rupert House	33,707.35	27,849.81
Nemaska	11,668.12	8,829.83
Waswanipi	23,565.32	19,681.26
Mistassini	41,838.30	18,286.25
TOTAL	161,336.74\$	124,246.20\$

<u>HOSPITAL</u>	<u>1983-84</u>	<u>1982-83</u>
Community Health	4,957.99\$	4,437.55\$
Outpatient Clinic	59,434.36	55,796.59
Medicine, Obstetrics	25,119.38	24,861.88
Dental Clinic	1,028.32	1,079.79
Laboratory	414.57	366.88
Sterilization	62.96	49.61
Radiology	495.69	520.91
TOTAL	91,513.27\$	87,113.21\$

ACTIVITY REPORT: LABORATORY

During 1983-84, 46,928 tests representing 215,607 measuring units were carried out by the two Laboratory Technicians working at the Chisasibi Hospital Centre.

In comparison with last year, this represents an increase of 17% in relation to tests and 8% in relation to measuring units.

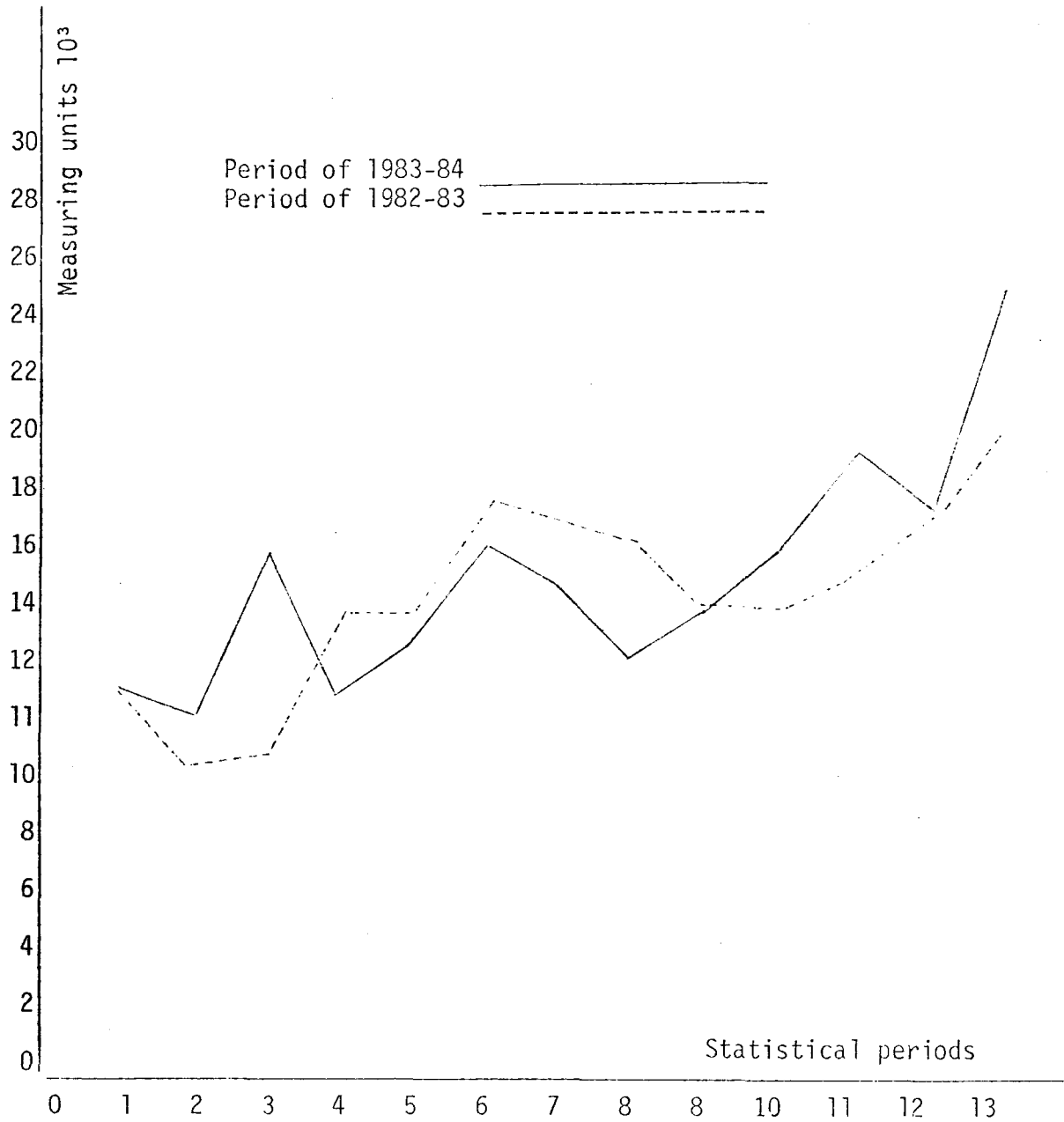
The following is a summary of the activities carried out by this Department:

	1983-84		1982-83	
	TESTS	UNITS	TESTS	UNITS
Hematology(1)	3983	17195	4247	21353
Biochemistry	11255	90462	10167	89442
Bacteriology	25027	63927	20234	50433
Serology (2)	1186	6433	1022	6806
Urine	1542	9551	2097	14293
Blood Bank	1443	8281	261	2203
Samplings and handling (out of town tests)	2492	19763	1861	15814
TOTAL	46928	215607	49889	200344

(1) A branch of biology that deals with the blood and blood forming organs.

(2) A science dealing with serums and especially their reactions and properties.

The measuring units in regards to each test were taken from the book entitled «Canadian List of Measuring Units for Clinical Laboratory Work», 1978 edition. We must also emphasize that the number of tests and measuring units were obtained from thirteen (13) statistical reports covering the yearly activities. The noted increase in regards to measuring units is represented in the following diagram:



ACTIVITY REPORT: RADIOLOGY

Since November 11, 1983, the activities of this service have been carried out by one full-time Technician and a second one, part-time. Regular working hours are from 9:00 A.M. to 9:00 P.M.. An on-call service allows a constant availability of the personnel in order to deal with emergency situations.

Statistics

	<u>1983-84</u>	<u>1982-83</u>
<u>Number of patients</u>		
. Hospitalized	218	270
. Outpatient	1035	1330
. Referred	258	128
TOTAL	<u>1511</u>	<u>1728</u>
<u>Number of examinations</u>		
. Hospitalized	273	317
. Outpatient	1182	1516
. Referred	335	160
TOTAL	<u>1790</u>	<u>1993</u>
<u>Number of films</u>		
. Hospitalized	522	553
. Outpatient	1945	2752
. Referred	733	326
TOTAL	<u>3200</u>	<u>3631</u>

ACTIVITY REPORT: SOCIAL SERVICES

ACTIVITY REPORT: SOCIAL SERVICES

In 1983-84, many activities provided the population of Region 10-B with information making them more and more aware of the services offered by the Cree Social Services Centre. Native employees provide quality services based on their professional experience and their thorough knowledge of the environment.

Last year, management spent a great deal of time elaborating a triennial development plan. This plan is of a paramount importance for it has enabled us to reach an agreement with the Government of Québec in regards to the development of social services resources for the next three (3) years.

In addition, a policy and procedure guide is presently being completed. This reference manual will be an important tool for all the employees of the Cree Social Services Centre in their day-to-day work.

Resources

a) For young native delinquents

No resource is presently available in Region 10-B for this clientèle. Again this year, several placements were carried out in Ontario for youngsters requiring guidance in an institutionalized environment. In addition, our professional team has efficiently helped youngsters experiencing hardships. This field work has also indicated that there is a need to develop in our region, alternative resources if we want to pursue efficiently the help provided to young delinquents, and this, on a preventive as well as on a curative level.

In 1984-85, Chisasibi will witness the opening of a group home for young delinquents. This home will be able to meet the needs of eight (8) youngsters and will be staffed with qualified workers who will help these young delinquents in changing their deviant behaviour.

b) For the handicapped

Last year, we announced the establishment, in Chisasibi, of an alternative resource in order to answer the needs of this clientèle. However, for some legal and political reasons, it was impossible to operationalize this important resource. Nevertheless, this group of individuals remains one of our priorities, and meetings held with the Ministry of Social Affairs representatives leads us to believe that we shall

be able to operate a resource in 1984-85 to assist these persons.

c) For the chronics

Unfortunately, this file did not receive all the necessary attention, and for this reason, it is still being reflected upon. The «dossier» will be reactivated in order to evaluate the needs of this clientèle.

d) For the elderly

The evaluation of the needs in many communities has been completed and resource development projects have been submitted to the Ministry of Social Affairs for the following communities: Rupert House, Chisasibi and Mistassini.

These projects aim at creating in the aforementioned communities, group homes for persons in need of alternative lodgings related to their aging problems. In addition, these resources will also accomodate, during the day, elderly individuals still living at home who will share with the full-time residents, certain spiritual and recreational activities.

Collaboration with other organizations

Unfortunately, last year we were unable to fully carry out all of our commitments towards the Cree School Board. One of our social workers responsible for the supervision of many community workers was not replaced until the beginning of April 1984. This departure forced us to modify significantly the working schedule of the social worker previously appointed to work closely with the school representatives. However, we did manage to provide the Cree School Board and the Health Services with functional referral forms.

In addition, the active participation of our community workers within their respective community ensures our presence to other surrounding organizations.

Drug and Alcohol Abuse Program

This program subsidized by the Federal Government only, started in the fall of 1983 by the hiring of a project coordinator. Pursuant to having recruited the necessary personnel, the coordinator also participated in setting up in each of the participating communities, an advisory committee. Intensive training sessions were also

given to the community workers in order to sensitize them to the problems related to drug and alcohol abuse.

We can now state that the program is well under way and we are confident that 1984-85 will be quite profitable in informing and sensitizing the population in regards to drug and alcohol abuses.

Statistics

Beneficiaries 1983-84

COMMUNITY BENEFICIARY		CHISASIBI	MISTASSINI	RUPERT HOUSE	WASWANUPI	WEMINDJI	EASTMAIN	GREAT WHALE	NEMASKA	TOTAL
ADULTS	M	29	9	24	5	2	6	23	4	102
	F	34	14	23	7	2	8	25	5	118
YOUTH	M	31	50	44	42	9	14	18	13	221
	F	31	29	24	15	11	9	24	10	153
TOTAL		125	102	115	69	24	37	90	32	594

ACTIVE FILES AS OF MARCH 31, 1984

YOUTH AND FAMILIES										ADULTS AND OTHER SERVICES													
	YOUTH PROTECTION				CHILDREN PLACE-MENTS			ADULTS PLACE-MENTS	ELDERLIES PLACE-MENTS			HOME CARE SERVICES											
	ARTICLE 40 *	ARTICLE 38 *	ADOPTION	TUTORSHIP	COUNSELING (YOUTH)	FOSTER HOME	RECEPTION CENTRE		COUNSELING	FOSTER HOME	RECEPTION CENTRE	SOCIAL SERVICES (HOSPITAL)	COMMUNITY PROJECTS	RESOURCES DEVELOPMENT	ADULTS	FAMILIES	THE ELDERLY						
CHISASIBI	4	4	6	0	10	7	0	0	10	11	12	0	1	1	4	0	0	0	1	3	5	79	
MISTASSINI	20	9	5	0	7	17	1	0	3	3	1	0	0	0	0	0	0	0	0	4	6	76	
RUPERT HOUSE	38	0	0	1	5	10	0	0	7	6	14	0	0	0	0	1	0	0	0	3	10	97	
WASMANIPI	38	0	0	0	7	10	1	0	0	0	6	0	0	0	0	0	0	2	0	0	5	69	
WEMINDJI	15	0	5	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	22	
EASTMAIN	2	1	5	0	7	0	0	0	5	0	6	0	0	1	0	0	1	2	1	0	3	35	
GREAT WHALE	1	2	1	0	1	0	0	0	16	7	4	0	0	5	0	0	3	4	0	0	0	44	
NEMASKA	2	0	1	0	3	2	0	0	4	0	1	0	1	0	0	0	0	0	0	0	1	15	
TOTAL	120	16	25	1	40	46	2	0	45	33	44	0	2	9	4	0	1	4	8	2	10	30	443

1984-1985

The training of our native personnel will once more be a major file for the forthcoming year. A second social work certificate will be offered at the end of the summer of 1984 and will be oriented in community organization.

In order to sensitize parents to their children's education, an audio visual document was prepared by the Cree Social Services. Parents will be invited to visualize and discuss this document between themselves and the community worker.

(*) ARTICLE 38: Article 38 under the section «Youth Protection» indicates the number of children in need of protection who have been assisted by the personnel of the Cree Social Service Centre. The Act respecting Youth Protection stipulates that a child is in need of protection when his security and his development are compromised.

ARTICLE 40: Article 30 under the section «Youth Protection» indicates the number of children who have been referred to the Cree Social Service Centre by «La Sûreté du Québec». All these children have been accused of violating a provincial, federal or municipal law.

ACTIVITY REPORT: ADMINISTRATIVE SERVICES

ACTIVITY REPORT: HUMAN RESOURCES DEPARTMENT

The main events which have marked 1983-84 are:

Personnel

- . July 1983: hiring of a Personnel Management Consultant;
- . November 1983: departure of the Director and the nomination of an Acting Director.

The major event to occur in 1983 was unquestionably the complete application of the human resources rationalization plan (budgetary readjustment plan) which took place during the months of October, November and December. Since November 1983, the main activity of the Human Resources Department has been the creation of managerial tools such as:

- . Job register
- . Grievance committee
- . Training program
- . Merit rating document
- . Systematic program regarding personnel recruitment and selection
- . Grievance register

Statistics

i) The nursing staff's turnover rate:(Hospital & Community Clinics)

<u>1981</u>	<u>1982</u>	<u>1983</u>
37.5%	43.75%	51.9%

ii) Grievances:

- . Number of grievances tabled in 1983: 37
- . Number of grievances settled in 1983: 18
- . Number of grievances which are now under negotiations at the grievance committee: 42

Here is a list of the principal objectives for 1984-85:

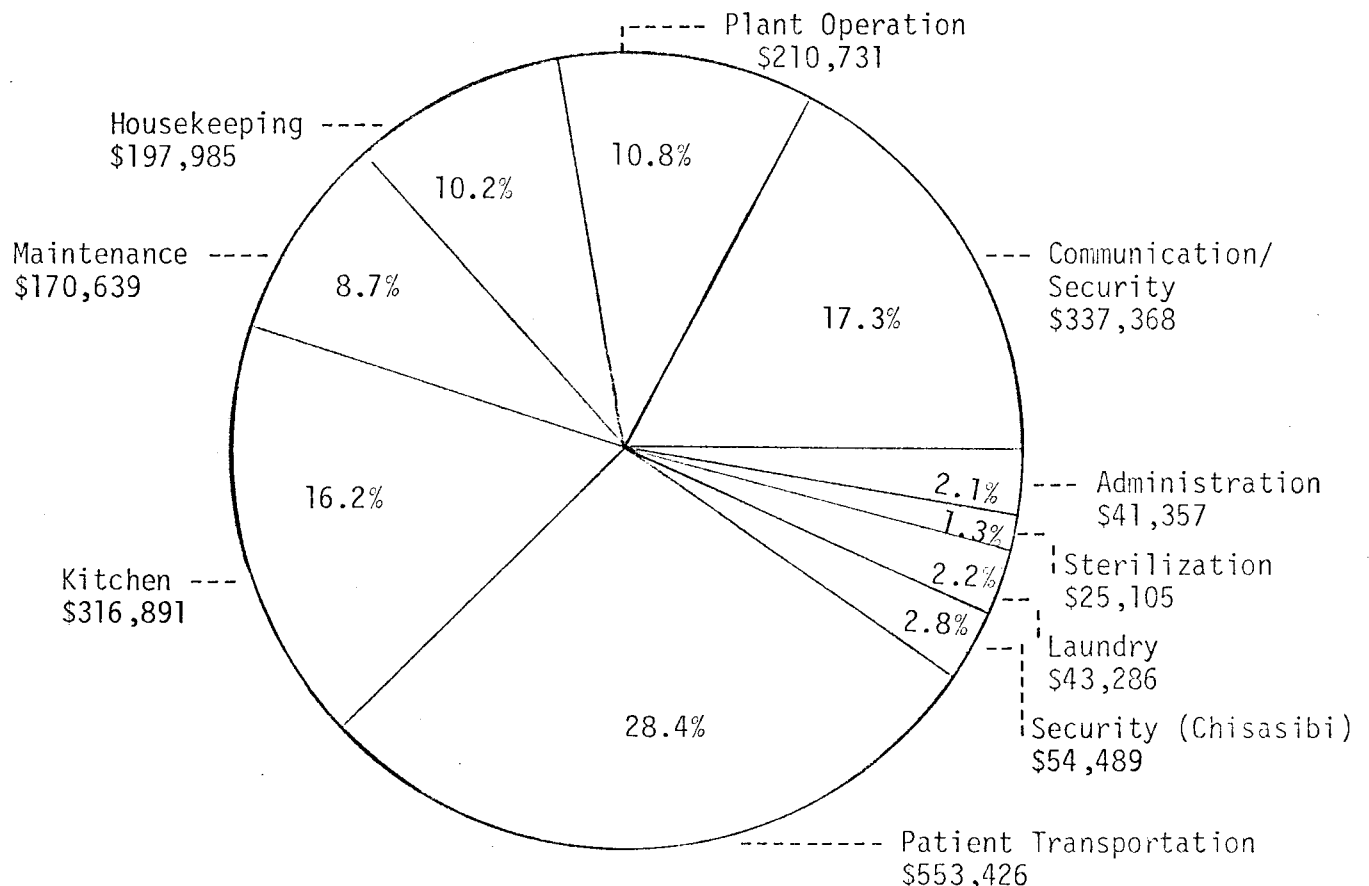
- . to emphasize the training of resident personnel;
- . to reduce and stabilize the personnel turnover rate;
- . to set up a program on the quality of life at work;
- . to create a weekly news bulletin in order to involve the personnel;
- . to revise the current policies.

ACTIVITY REPORT: AUXILIARY SERVICES

With the completion of the construction and renovation of new clinics and personnel residences, and the projected construction of additional facilities in 1984-85, the Auxiliary Services Department will be entrusted with providing adequate care and maintenance related to a considerable amount of movable and immovable goods.

Last year's experience has enabled us to realize and identify that improvements in communications, policies, procedures, job descriptions and training of personnel are necessary in order to provide efficient and well-organized auxiliary services. It goes without saying that 1984-85 will be a very busy year and that hopefully, all the energies displayed by concerned individuals will be coordinated so as to answer promptly to all the needs of every community.

The following table represents the distribution of expenses of the Auxiliary Services Department for 1983-84:



TOTAL EXPENSE: \$1,951,277

ACTIVITY REPORT: FINANCE DEPARTMENT

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

OPERATING FUND

BALANCE SHEET
AT MARCH 31, 1984

<u>ASSETS</u>	<u>1983-84</u>	<u>1982-83</u>
<u>CURRENT ASSETS</u>		
Cash	666,073\$	46,396\$
Accounts receivable	2,153,370	1,820,247
Owed by capital fund	-	533,226
Prepaid expenses	160,048	217,664
Deposit on assets	-	-
TOTAL OF CURRENT ASSETS	<u>2,979,491\$</u>	<u>2,617,533\$</u>
 <u>CURRENT LIABILITIES</u>		
Bank loan	1,640,254\$	2,173,950\$
Accounts payable and accrued liabilities	1,760,315	2,636,932
Advance from capital fund	46,281	-
TOTAL OF CURRENT LIABILITIES	<u>3,446,850</u>	<u>4,810,882</u>
Balance of fund	(467,359)	(2,193,349)
TOTAL OF LIABILITIES	<u>2,979,491\$</u>	<u>2,617,533\$</u>

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

OPERATING FUND

REVENUES AND EXPENSES
FOR THE YEAR ENDING MARCH 31, 1984

	<u>1983-84</u>	<u>1982-83</u>
<u>REVENUES</u>		
Grant from the Department of Social Affairs	9,194,057\$	8,526,533\$
Other revenues	338,174	260,307
TOTAL	<u>9,532,231\$</u>	<u>8,786,840\$</u>
 <u>EXPENSES</u>		
Salaries	4,640,360\$	4,184,793\$
Fringe benefits	897,299	721,867
Other expenses	4,367,526	4,124,418
TOTAL	<u>9,905,185\$</u>	<u>9,031,078\$</u>
 DEFICIT FOR THE YEAR	<u>(372,954)\$</u>	<u>(244,238)\$</u>
 % of salaries and fringe benefits on total expenses	56%	54%
 % of other expenses on total expenses	44%	46%

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

CAPITAL FUND
BALANCE SHEET
AT MARCH 31, 1984

	<u>1983-84</u>	<u>1982-83</u>
<u>ASSETS</u>		
<u>Current assets</u>		
Cash	36,918\$	- \$
Accounts receivable	368,290	913,430
Owed by operating fund	46,281	-
Total of current assets	<u>451,489</u>	<u>913,430</u>
<u>Long term assets</u>		
Buildings	537,455	472,494
Equipment	929,297	551,706
Deposit on assets	3,314,957	942,096
Total of long term assets	<u>4,781,709</u>	<u>1,966,296</u>
TOTAL OF ASSETS	<u><u>5,233,198\$</u></u>	<u><u>2,879,726\$</u></u>
 <u>LIABILITIES</u>		
<u>Current liabilities</u>		
Accounts payable	1,212,067\$	392,529\$
Bank loan	-	942,000
Payable to the operating fund	-	533,226
Total of current liabilities	<u>1,212,067</u>	<u>1,867,755</u>
Balance of fund	<u>4,021,131</u>	<u>1,011,971</u>
TOTAL OF LIABILITIES	<u><u>5,233,198\$</u></u>	<u><u>2,879,725\$</u></u>

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

COMPARATIVE STUDY OF RENUMERATED HOURS

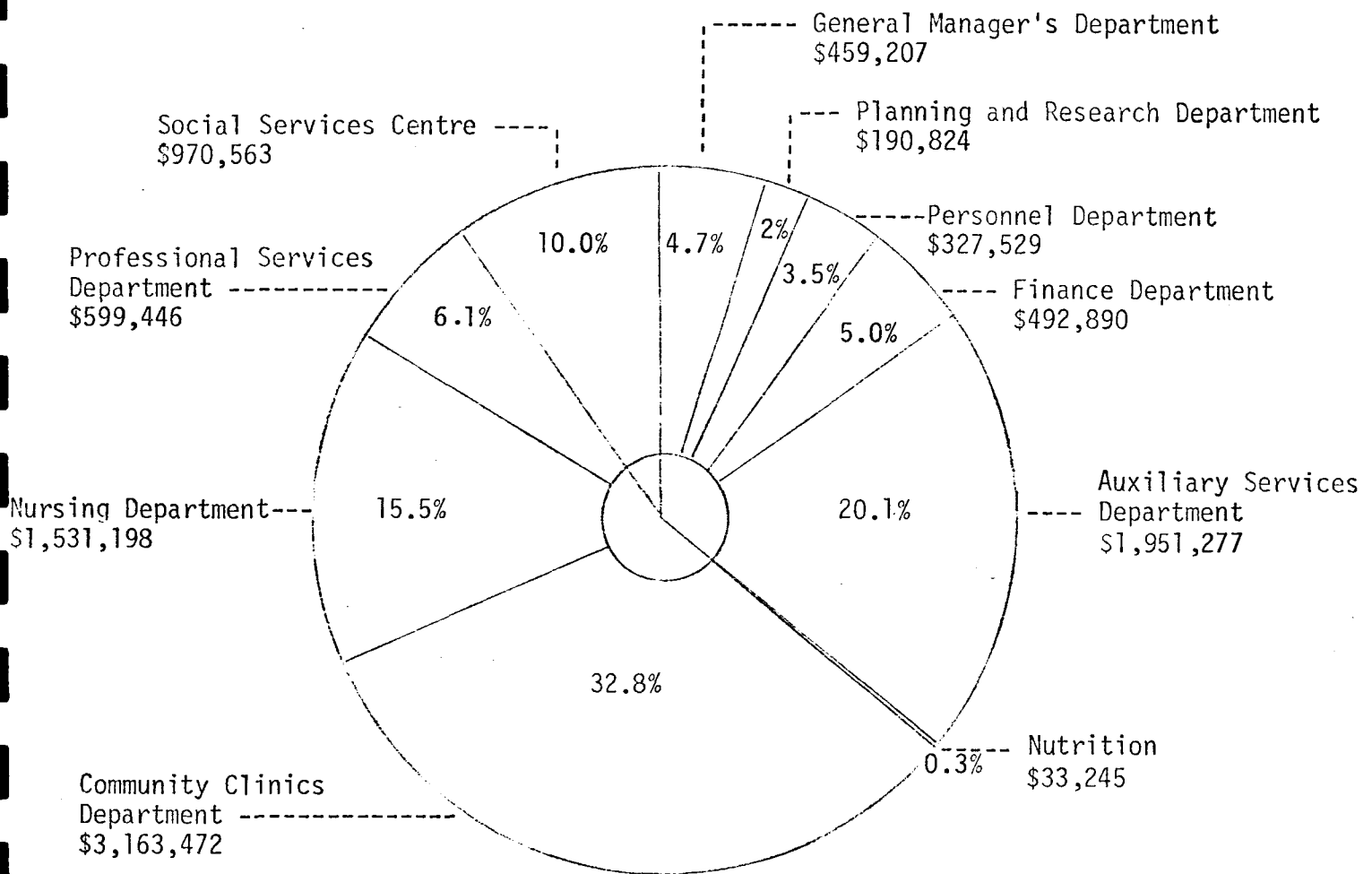
<u>Hours worked</u>	<u>1983-84</u>		<u>1982-83</u>	
	<u>Hours</u>	<u>\$</u>	<u>Hours</u>	<u>\$</u>
Regular time - Note (1)	282,247	\$3,241,439	266,321	\$2,834,910
Overtime	13,298	224,512	14,421	237,640
Premiums	-	1,095,108	-	1,034,235
Total	295,545	\$4,561,059	280,742	\$4,106,785
Increase (Decrease) from previous year	5%	11%		

Hours paid but not worked

Sickness	3,276	\$ 38,315	2,585	\$ 27,696
Statutory holidays	13,113	154,388	10,634	112,752
Annual vacation	18,676	220,565	16,248	178,914
Part-time employee's holidays	14,664	136,740	14,233	123,842
Employer's part	-	329,168	-	265,203
Total	49,729	\$ 879,176	43,700	\$ 708,412
Increase (Decrease) from previous year	14%	24%		

Note (1) Including independent labour of 9,266 hours
amounted to \$101,474

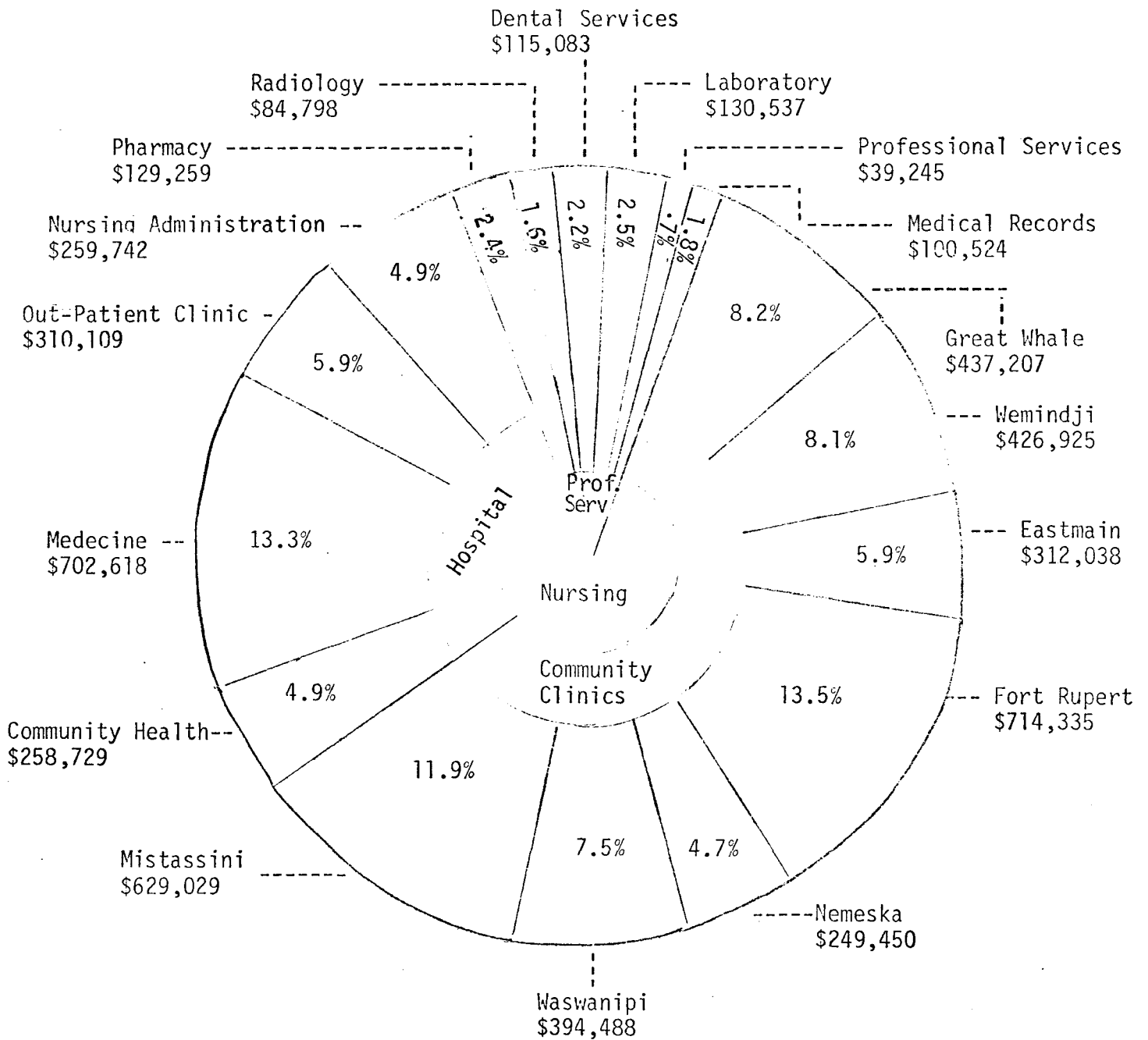
DISTRIBUTION OF EXPENSES FOR 1983-84
BY DEPARTMENT



Total Expense: \$9,719,651 *

* Excluding interest expense of \$185,534

DISTRIBUTION OF EXPENSES FOR 1983-84
HEALTH SERVICES



Total Expense: \$5,294,116