



ᐱᓂᐱᓂ
ᐱᓂᐱᓂ
ᐱᓂᐱᓂ
**ANNUAL
REPORT**



2016
2017

ᐱᓂᐱᓂ
ᐱᓂᐱᓂ

CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

2016
2017
ΔΙΣΔ^Λ
Λ>^{α||}
Π<ΠΠσ^{||}ΔΡ^α

ANNUAL REPORT

Photo credits

Cover photo dreamcatcher (detail) taken by Tatiana Philiptchenko

Pages 8, 9, 10, 11 & 12 — Tatiana Philiptchenko

Page 13 — Rodolphe Beaulieu

Page 17 — (a) & (b) Tatiana Philiptchenko and (c) Katherine Morrow

Page 19 — Paul Brindamour

Pages 20, 25, 26, 27, 29 & 31 — Tatiana Philiptchenko

Page 35 — Robert Auclair

Pages 39, 41 & 42 — Tatiana Philiptchenko

Page 43 — Robert Carlin

Pages 44, 45, 47 & 50 — Tatiana Philiptchenko

Page 51 — Katherine Morrow

Page 54 — Carolyn Wall

Page 55 — Joshua Loon

Pages 57 & 60 — Tatiana Philiptchenko

Page 61 — Joshua Loon

Page 64 — Tatiana Philiptchenko

Page 67 — Katherine Morrow

Page 69 — Tatiana Philiptchenko

Page 71 — Virginie Lubino

Pages 73 — unknown

Pages 74 & 75 — Tatiana Philiptchenko

Page 77 — (a) Tatiana Philiptchenko and (b) Catherine Godin

Page 79 — (a) Tatiana Philiptchenko and (b) Katherine Morrow

Page 81 — Joshua Loon

Page 83 — (a) & (b) unknown

Page 87 — Tatiana Philiptchenko

Page 89 — Maggie Etapp

Page 91 — unknown

Page 93 — Matthew Iserhoff

Page 94 — Tatiana Philiptchenko

Page 95 — Iain Cook

Page 97 — unknown

Page 99 — Tatiana Philiptchenko

Page 101 — Chantal Vinet-Lanouette

Page 103 — Iain Cook

Page 104 — Katherine Morrow

Pages 105, 106 & 118 — Tatiana Philiptchenko

With the exception of all photographs, the information in this publication may be reproduced without charge or further permission, provided that the CBHSSJB is identified as the source. Download a copy at: creehealth.org

Editor — Katherine Morrow

Copy Editors — Patrick McDonagh, Alison Scott

Statistics — Pierre Lejeune

Layout & design — Alison Scott Design

Annual Report of the Cree Board of Health and Social Services of James Bay, 2016-2017

© 2017 CBHSSJB

Box 250, Chisasibi, QC J0M 1E0

ISSN 11929-6983 (Print)

ISSN 1929-6991 (Online)

Legal deposit — 3rd trimester 2017

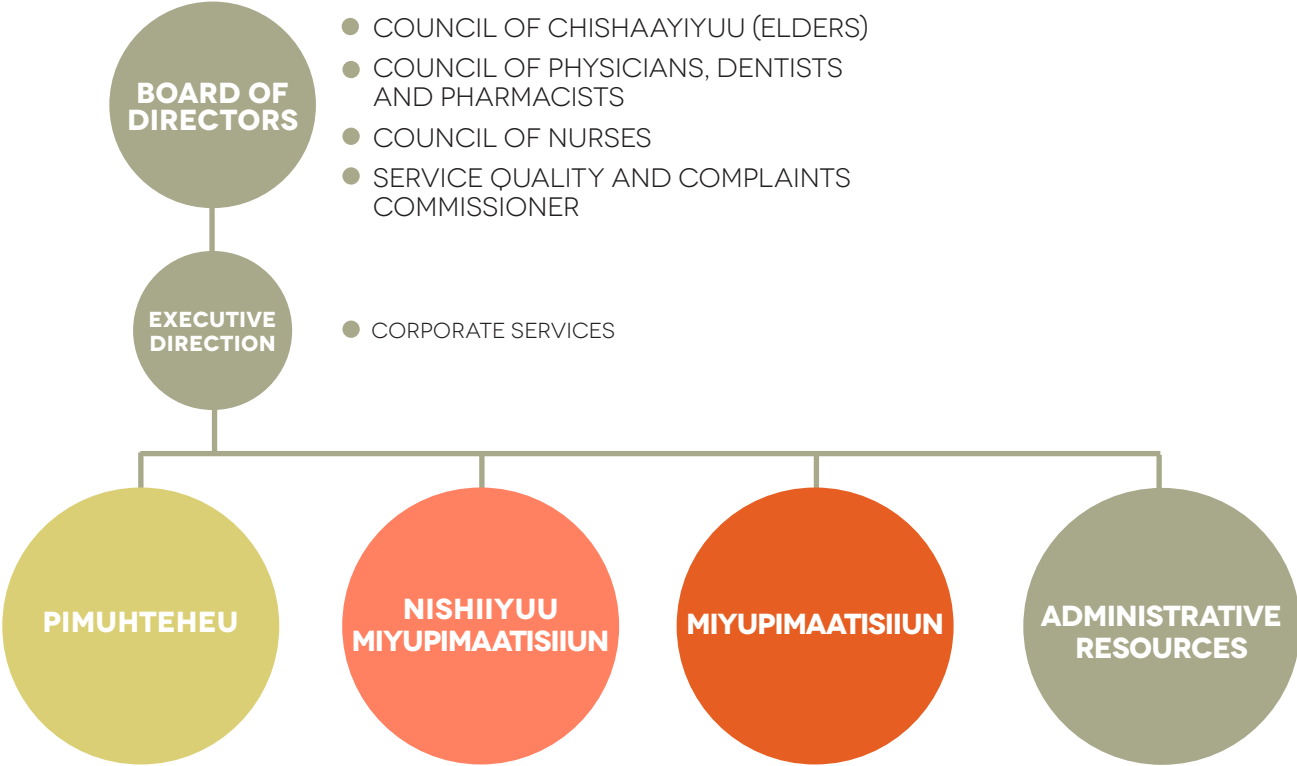
National Library of Canada

Bibliothèque et Archives nationales du Québec, 2017

TABLE OF CONTENTS

6-7	ORGANIGRAM & POPULATION MAP
9	1 BOARD & EXECUTIVE GROUP
27	2 PIMUHTEHU GROUP
30	Pre-hospital Emergency Services and Emergency Measures
32	Youth Healing Services
35	Youth Protection
38	Program Development and Support
42	Public Health
55	3 NISHIIYUU MIYUPIMAATISIUN GROUP
58	Organizational Quality and Cultural Safety
61	4 MIYUPIMAATISIUN GROUP
63	Medical Affairs and Services
66	Nursing
67	Allied Health
68	Psychosocial
70	Chisasibi Hospital
75	Community Miyupimaatisiun Centres (CMCs)
95	5 ADMINISTRATIVE RESOURCES GROUP
97	Human Resources
99	Financial Resources
100	Information Technology Resources
102	Material Resources
104	Wiichihiituwin (Cree Patient Services)
107	6 FINANCIAL STATEMENTS

CBHSSJB ORGANIGRAM



6

- PRE-HOSPITAL EMERGENCY SERVICES AND EMERGENCY MEASURES
- YOUTH HEALING SERVICES
- YOUTH PROTECTION
- PROGRAM DEVELOPMENT AND SUPPORT
 - DISABILITY SERVICES
 - MAANUUHIIKUJ (MENTAL HEALTH)
- PUBLIC HEALTH
 - AWASH (0-9 YRS)
 - USCHINIICHISUU (10-29 YRS)
 - CHISHAAYIYUU (30+ YRS)
 - SERC (SURVEILLANCE, EVALUATION, RESEARCH, COMMUNICATIONS)
- COMMUNITY DEVELOPMENT
- COMPLIMENTARY SERVICES AND PROGRAMS
- ORGANIZATIONAL QUALITY AND CULTURAL SAFETY
 - EVALUATION AND ACCREDITATION
 - CLIENT EXPERIENCE AND ORGANIZATIONAL PERFORMANCE
- MEDICAL AFFAIRS AND SERVICES
 - MEDICINE
 - DENTISTRY
 - PHARMACY
- NURSING
- ALLIED HEALTH
- MIDWIFERY
- PSYCHOSOCIAL
- HUMAN RESOURCES
- FINANCIAL RESOURCES
- INFORMATION TECHNOLOGY RESOURCES
- MATERIAL RESOURCES
- WIICHIHIITUWIN (FORMERLY CREE PATIENT SERVICES)
 - CHISASIBI
 - VAL-D'OR
 - CHIBOUGAMAU
 - MONTREAL
- CHISASIBI HOSPITAL
 - REGIONAL CLINICAL HEALTH SERVICES
 - TELEHEALTH
- CHISASIBI EASTMAIN MISTISSINI NEMASKA OUJÉ-BOUGOUMOU WASKAGANISH WASWANIPI WEMINDJI WHAPMAGOOSTUI



ABOUT THE CBHSSJB

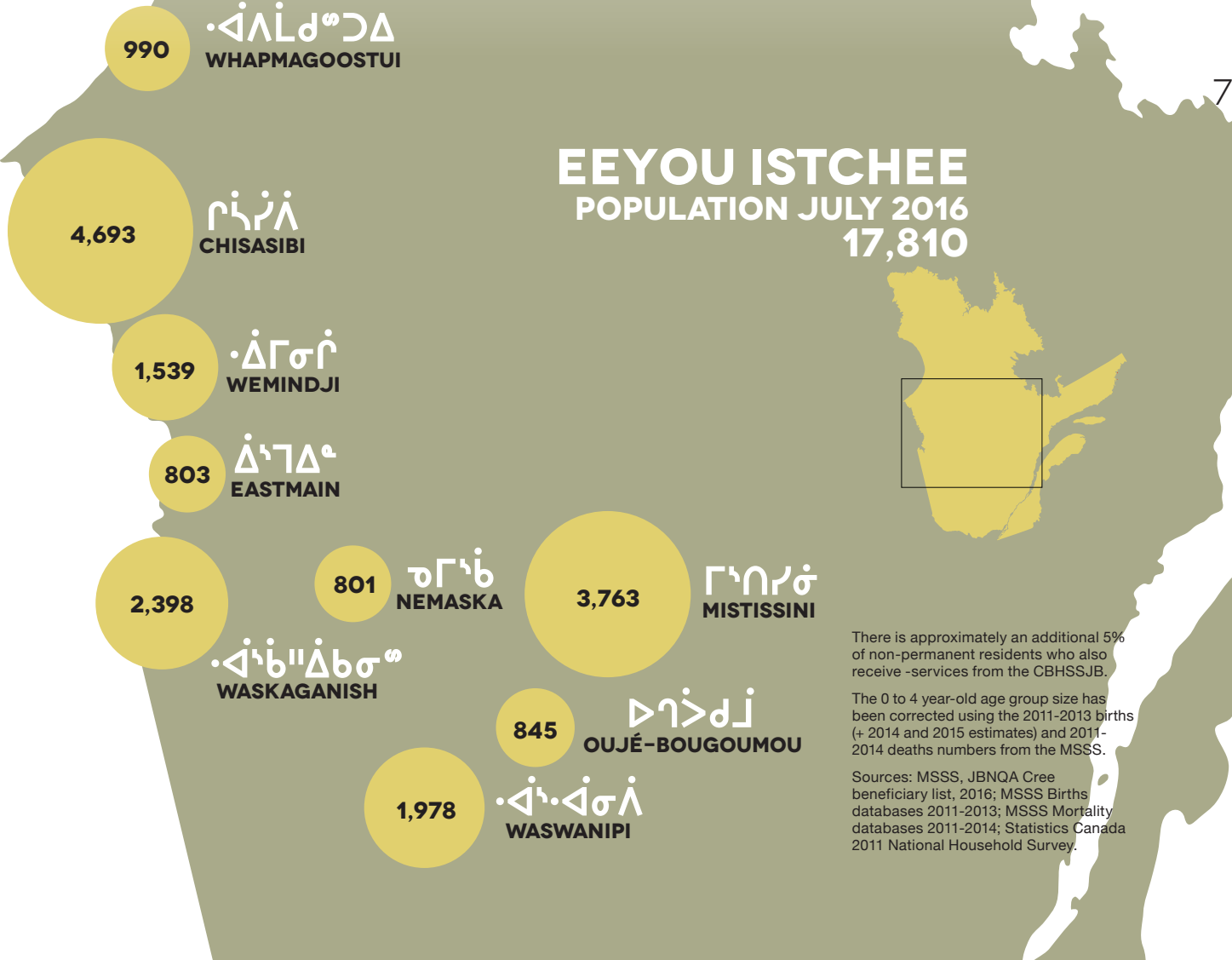
Founded in 1978, the Cree Board of Health and Social Services of James Bay (CBHSSJB) is responsible for the administration of health and social services for all persons residing either permanently or temporarily in Region 18, the administrative region of the Ministry of Health and Social Services of Quebec corresponding to the Cree territory of James Bay. Our mandate is defined in Chapter S-5—An Act respecting health services and social services for Cree Native persons.

In each of the nine communities of Eeyou Istchee, the CBHSSJB operates a Community Miyupimaatisiun Centre (CMC), which is similar to a CISSS elsewhere in Quebec. CMCs offer services in general medicine, home care, dentistry, social services and allied health.

In addition to CMCs, the CBHSSJB operates the 29-bed Chisasibi Regional Hospital, three homes for youth at risk, a Regional Public Health Department and program planning unit, Wiichihiituwin (formerly Cree Patient Services) liaison offices in Chibougamau, Val-d'Or and Montreal, and a recruitment office in Montreal. The Head Office is in Chisasibi.

The CBHSSJB is governed by an elected Board of Directors whose Chairperson is Bella M. Petawabano. Advisory Committees and Councils report directly to the Office of the Chair, as do the Service Quality and Complaints Commissioner and the Medical Examiner. The Interim Executive Director is Mr. Daniel St-Amour.

7



There is approximately an additional 5% of non-permanent residents who also receive -services from the CBHSSJB.

The 0 to 4 year-old age group size has been corrected using the 2011-2013 births (+ 2014 and 2015 estimates) and 2011-2014 deaths numbers from the MSSS.

Sources: MSSS, JBNQA Cree beneficiary list, 2016; MSSS Births databases 2011-2013; MSSS Mortality databases 2011-2014; Statistics Canada 2011 National Household Survey.



This chapter summarizes the activities of the governance functions of the CBHSSJB under the current Chairperson, Mrs. Bella Moses Petawabano, and the interim Executive Director, Mr. Daniel St-Amour. Reports from Councils and Committees that report to the Board are also included here, such as the Council of Physicians, Dentists and Pharmacists (CPDP), the newly constituted Council of Nurses, the Service Quality and Complaints Commissioner and the department of Corporate Services.

1

Ἰ ΑΓΛΑΨΙΣ

BOARD AND EXECUTIVE

MESSAGE FROM THE CHAIR



When I was elected Chair of the Cree Health Board in 2012, I had already been with the organization for many years—including service as a Board member. I identified a number of objectives that I wanted to achieve during my tenure. First of all, of course, I wanted to see the very best of health care being provided for all Eeyouch and Eenouch. I knew that to make this happen, the Cree Health Board would need a strong Board of Directors. I am proud of how we have evolved in this area. Since early 2013, we put in place training for Board members that has enabled them to be more effective advocates for the communities that they are elected to represent. In 2014, we adopted a new Governance Model that gives existing and new Committees of the Board a stronger role. In recent months I have been invited to speak about our Governance Model to Indigenous groups across Canada.

Financial year 2016-2017 began with the Eeyou Eenou Regional Assembly on Health in Waskaganish. The purpose of this innovative meeting was to bring all parts of our Nation together to identify the priorities that will guide our organization in years to come. Using the Cree Way of Voting we came to a consensus on the priorities that will be reflected in the next CBHSSJB Strategic Regional Plan.

On September 14, 2016 I was sworn in to my second four-year term as the Chairperson of the CBHSSJB. The next four years will be marked by major capital projects including a new regional hospital in Chisasibi, and there will be a stronger role for Nishiiyuu, the Department responsible for ensuring that Eeyou and Eenou values and approaches are integrated into every aspect of care. As Chairperson I will continue with my fellow members of the Board of Directors to maintain a constant and real dialogue to listen to and understand your community’s needs. We will work closely with the community to provide quality care that is culturally adapted to the community.

I thank Daniel St-Amour for his capable and dynamic stewardship as interim Executive Director this year. He has worked tirelessly to improve the functioning of this organization for the benefit of our clients, making numerous improvements and keeping long term projects on track. Through his dedication he has shown himself to be a true friend of the Cree Nation.

Bella M. Petwabano
Bella M. Petwabano
CBHSSJB Chair

MESSAGE FROM THE EXECUTIVE DIRECTOR



It has been my honour to continue to serve the Cree Nation of Eeyou Istchee as interim Executive Director during the past year. People who have worked with me know that I am passionate about logistics. As a Colonel and Canadian Forces Field Hospital Commanding Officer, I oversaw and streamlined the deployment of military hospitals around the world, including in conflict zones such as Bosnia and Rwanda. In health and social services, every member of the team—from the back office to the frontline—is important to patient care. When systems work efficiently, our professionals can focus on their jobs of caring and healing, and our clients can focus on getting well.

I first arrived in Chisasibi in 2009 as Director of the Hospital, and later I became Assistant Executive Director for Administrative Services. I was invited by the Board to assume interim leadership of the organization and I have worked every day to earn the confidence of our staff, our clients, and the Cree Nation as a whole. I’m extremely proud of what we have accomplished together in only twelve short months:

- Implementing a new and more logical organizational structure;
- Expansion of the charter service with Air Creebec to serve inland communities;
- Reforming Wiichihiituwin (formerly Cree Patient Services) with a focus on major improvements in Montreal and improved communication with clients;
- Obtaining Ministry approval to proceed with capital projects including the new Chisasibi Regional Hospital and 121 new employee housing units, which will be built using local expertise and labour;

- Construction of Women’s Shelters in Waswanipi and Waskaganish;
- New respiratory services to help people with breathing and sleep problems;
- Expansion of on-Territory specialist care and telehealth services to reduce the need for travel;
- Significant progress towards the goal of bringing childbirth back to the Territory;
- Investing in our Cree workforce through the Cree Succession program and other training programs.

The new Chisasibi Regional Hospital will open in 2024. We are already working towards that goal with the Strategic Regional Plan as our road map. This year’s accomplishments demonstrate the best that we can do. With the Cree values of compassion and teamwork at the core of our organization, with the leadership of an engaged Board of Directors, with users who speak up and speak out to demand excellence, we cannot fail to achieve our vision.

Daniel St-Amour
Daniel St-Amour
Executive Director

Bella M. Petawabano
Louise Valiquette, Service Quality and Complaints Commissioner (Interim)

GENERAL MANAGEMENT

Daniel St-Amour, Executive Director (Interim)
Paula Rickard, Assistant to ED (Interim)
Laura Moses, Director of Corporate Services

Adelina Feo, Assistant Executive Director
(AED-Interim)
Robert Auclair, Director of Youth Protection (DYP)
Marlene Kapashesit, Assistant DYP – Youth
Criminal Justice Act and Foster Homes
Maria McLeod, Director of Youth Healing Services
Anne Foro, Director of Planning and Programming

Dr. Robert Carlin, Director of Public Health (Interim)
Dany Gauthier, Assistant Director of Public Health
- Awash Miyupimaatisiun and Uschiniichisuu
(Interim)
Paul Linton, Assistant Director of Public Health -
Chishaayiyuu Miyupimaatisiun
Jill Torrie, Assistant Director of Public Health
- Surveillance, Evaluation, Research and
Communications (SERC)

Kathy Shecapio, (AED-Interim)

Greta Visitor, AED (Interim)
Dr. François Charette, Director of Medical Affairs
and Services
Philippe Lubino, Director of Hospital Services
(Interim)
Michelle Gray, Director of Professional Services
and Quality Assurance (DPSQA) Health
Adelina Feo, DPSQA Allied Health
Doreen Perreault, DPSQA Psychosocial
Gloria Ann Cozier, Assistant to AED, Services
Clarence Snowboy, Assistant to AED, Operations
(Interim)

Jeannie Pelletier, Chisasibi (Interim)
Rita Gilpin, Eastmain
Taria Matoush, Mistissini
Linda Orr, Nemaska (Interim)
Louise Wapachee, Oujé-Bougoumou
Bert Blackned, Waskaganish
Alan Moar, Waswanipi
Mary Shashaweskum, Wemindji (Interim)
Charlotte Kawapit Pepabano, Whapmagoostui
(Interim)

Liliane Groleau, Assistant Executive Director
(AED-Interim)

Denis Tremblay, Director of Financial Resources

Jean-François Champigny, Assistant Director of
Financial Resources

Liliane Groleau, Director of Human Resources

Marie Blais, Assistant Director of Human
Resources-Organizational Development and
Staffing

Thomas Ro, Director of Information Technology
Resources

Luc Laforest, Director of Material Resources

Helen B. Shecapio Blacksmith, Director of
Wiichihituwín (Interim)

The Corporate Services Department led by Laura Moses provides support to the Board of Directors and associated governance functions of the CBHSSJB, and also oversees the corporate communications and translation units.

With the re-election of Bella M. Petawabano to a new term as Chair, the momentum continued around the strengthening of the Governance Model. Many new Governance Policies and tools were adopted, and the Board Committees continue to be very active. The department was very involved in the April 2017 Regional General Assembly on Health in Waskaganish, which was livestreamed and broadcast on the radio, and which led to the identification of community priorities for the next Strategic Regional Plan of the CBHSSJB.

In Communications, the two-person unit of Katherine Morrow and Tatiana Philiptchenko collaborated with other communications personnel within departments to continue to develop an impressive array of well-managed communications platforms. The CBHSSJB has fully embraced social media. In addition to the website, the Facebook, Twitter, Instagram, Flickr, SoundCloud and LinkedIn platforms are used to engage with different audiences. The photo collection grew to over 9000 catalogued images. Discussions with Public Health led to the reinvigoration of the regional radio show *Miyupimaatisiun Dipajimoon*, which is broadcast weekly on community radio stations in a new time slot of Thursday at 12:15pm.

A public tender process to identify an external French-English translation firm resulted in the awarding of a three-year contract to the Montreal-based *Services Linguistiques Versacom*. The Selection Committee included an external member from Niskamoon Corporation. Versacom will work with the in-house English-French translator to meet the needs of the organization. A Cree translator position was created.

The Corporate Services Department provided project management support to two strategic projects that are inter-departmental collaborations: editorial supervision of the *Therapeutic Guide and Collective Prescriptions* and *Project IKA* (Internal Knowledge Access)—a partnership with the IT Department to improve access to internal administrative documents (forms, contacts) and to identify a suitable technology platform to support a full-fledged Intranet or electronic document management system.

In the coming year a newly created Cree Translator position will be staffed, the IKA project will pursue a twofold strategy of building a structured collection of administrative documents and identifying a suitable software platform for the future Intranet, and the new corporate visual identity will be adopted in preparation for the 40th Anniversary of the CBHSSJB in 2018.

-  **Facebook:** more than doubled to **2,865** followers
-  **Twitter:** increased by 706 to **1,861** followers
-  **Instagram:** new @creehealth account has **513** followers

 **Creehealth.org:** up **26.6%** to 44,000 user sessions. 47.3% use a mobile device—effort to make site more mobile-friendly would be recommended; most popular page: *Careers*

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

The Executive Committee and Members of the Council of Physicians, Dentists and Pharmacists (CPDP) have had another busy and productive year in addressing concerns and advocating for services and resources. We continue to work with our health professionals to improve the health and social well-being of our patients, their families and the communities of Eeyou Istchee.

The CPDP acts to ensure provision and quality of medical, dental and pharmaceutical services, as well as competence of its members. It also gives recommendations on technical and scientific aspects of the organization. In doing so, the CPDP collaborates with the Board of Directors and general management of the CBHSSJB.

In addition to monitoring ongoing initiatives, the CPDP supports its members and committees in their contribution and collaboration in planning and implementing the following priorities:

- **Mental Health:** The needs of our patients, families and communities in Region 18 are complex and resources are limited, which remains a priority for the CPDP and the Board of Directors. Program planning, hiring and training of staff in the Mental Health Department is helping to increase and improve services.
- **Birthing and Midwifery:** While still in the early stages of development, this program aims to improve the prenatal and postpartum health of Cree women and, in the future, to ensure safe deliveries in low-risk cases.
- **Telehealth:** Since Teleophthalmology and Telepsychiatry have been successfully implemented, Teleobstetrics in Chisasibi has also been launched successfully. Other possible Telemedicine initiatives are being developed.

- **Collective Prescriptions:** These therapeutic tools continue to be developed to enable a standardized approach to care by nurses following the therapeutic guide and associated prescriptions.

The obligatory and mandated committees of the CPDP are working diligently on these priorities and other projects, and on ensuring the quality of medical, dental and pharmaceutical care. For example, the Mental Health Committee is monitoring the implementation of mental health services, while the Editorial Committee and Working Group are developing the Collective Prescriptions and Therapeutic Guide chapters. The Palliative Care Committee leads the required activities respecting the Law 52 legislation that was passed last year.

In addition, the Department of Medicine has been very active in recruiting family physicians and specialists. The Department of Pharmacy is diligently working to improve medication stocking and dispensing, hiring more permanent pharmacists and training pharmacy technician staff. While the Department of Dentistry provides good quality dental services, it hopes to recruit more permanent dentists. The CPDP will continue to support and advocate for improvements to the quality and capacity of these services.

The CPDP works in partnership with the clinical departments, the Director of Medical Affairs and Services and the CBHSSJB Board of Directors to provide and improve medical, dental and pharmaceutical care offered to patients in Cree Territory. We also look forward to continuing to contribute to new and ongoing initiatives such as planning for the new Chisasibi Hospital and health services.

The CPDP works to provide and improve medical, dental and pharmaceutical care offered to patients in Cree Territory.

CPDP EXECUTIVE COMMITTEE

- Dr. Darlene Kitty, President
- Dr. Michael Lefson, Vice-President
- Dr. Helen Smeja, Secretary
- Dr. Danie Bouchard, Treasurer
- Dr. Carole Laforest, Chief of Medicine
- Dr. Lucie Papineau, Chief of Dentistry
- Mr. Pierre Caouette, Chief of Pharmacy (Interim until December, Ms. Anh Nguyen started January 2017)
- Mr. Marc-André Coursol-Tellier, Pharmacist
- Dr. François Charette, Director of Medical Affairs and Services



CPDP Annual General Assembly, October 14-16, 2016

COUNCIL OF NURSES

A CONTINUING MISSION

In its second year of existence, the Executive Committee of the Council of Nurses (ECCN) continues to uphold the standards of its mandate: to address issues related to the quality of the nursing practice within the CBHSSJB (nurses, clinical nurses, nurse counselors, and nurse practitioners), the legal framework of these professions, the scientific and technical organization of the CBHSSJB, the ongoing education and training of all nurses, and all other related issues (OIIQ, 2016). The ECCN is responsible primarily for formulating recommendations to the Board of Directors on all these nursing related issues. As such, the ECCN does not hold decision-making power, but its president is the voice of all nurses when reporting at each meeting of the Board of Directors.

COMPOSITION

The 2016 election took place in November. As there was only one nomination from the regional services, Patrice Larivée was re-elected by acclamation for a two-year mandate. Similarly, as there was only one nomination from Chisasibi Hospital, Alexandre Bui-Giroux was re-elected by acclamation for a two-year mandate. The roles of the Executive Committee officers remained the same:

- President: Patrice Larivée (from regional services)
- Vice-President: Marie-Josée Morin (from the inland communities)
- Secretary: Émilie Dufour (from the coastal communities)
- Communication Agent: Alexandre Bui-Giroux (from Chisasibi Hospital)

ACCOMPLISHMENTS AND UPCOMING PROJECTS

In 2016-2017, the ECCN was able to secure a seat on the Editorial Committee and has become an official signatory of all collective prescriptions and revised chapters of the *Guide Thérapeutique*. The ECCN has also become an official signatory on all Nursing Care Directives developed by the Regional Department of Nursing. For the ECCN, obtaining this signatory power is a significant milestone because these documents have a direct impact on nursing practice as well as on the performance of our health care system. The ECCN is pleased that the CBHSSJB and its various committees eagerly welcomed the contribution of nurses to the development and revision of these tools.

2017-2018 UPCOMING PROJECTS

- With the support of two active sub-committees, drafting a memorandum on Eeyou Istchee's lack of long-term mental and physical care services and facilities for patients with mental health issues and for those experiencing loss of autonomy;
- Being mindful of the upcoming integration of midwives within some Awash departments and its repercussions on nursing activities and leadership;
- Taking a stand on the application and acculturation of the act respecting end of life care (RLRQ, c. S-32-0001) in Eeyou Istchee;
- Reviewing the nature of the *role élargi*, its legal definition, and its implication within the organization of services in all CMCs;
- Deploying a multimedia platform that will provide access to a vast scientific database of nursing and medical articles and a rich collection of online clinical tools to support and improve clinical nursing practice. The ECCN believes these tools will promote continuing education of nurses in all levels of the organization.



Council of Nurses Executive Committee, from left to right: Alexandre Bui-Giroux, Patrice Larivée, Émilie Dufour, Marie-Josée Morin

Obtaining signatory power on Nursing Care Directives is a significant milestone because these documents have a direct impact on nursing practice and the performance of our health care system.

SERVICE QUALITY AND COMPLAINTS

The title of the Commissioner is now **Service Quality and Complaints Commissioner**, emphasizing quality of services. In August 2016, Sarah Cowboy from Waskaganish was welcomed as Assistant Service Quality and Complaints Commissioner. She has been with the CBHSSJB since 1982 as a nurse and a manager. With her arrival came an increase in files, as users were able to discuss complaints or requests for assistance in their own language. The process for filing complaints is now well-known. 2016-2017 saw 174 files opened, compared to the 87 in 2015-2016: 103 were complaints, 60 were requests for assistance, and 11 were consultations.

Complaints often lead to improvements in the quality of care and services. One example is the creation of a brochure to explain Wiichihituwin services more clearly. Complaints due to interpersonal relationships are common, and clientele-oriented training has now begun. Confidentiality is still an issue, especially in small communities. Social networks such as Facebook must be used with care.

FILES OPENED		
	2015 -2016	2016 -2017
Complaints	55	103
Requests for assistance	26	60
Consultation	5	11
Intervention	1	0
Referred to Medical Examiner	2	3
Total - Files opened	87	174

The Commissioner participated in meetings with provincial counterparts and, along with the Assistant Commissioner, took part in a training session with other Commissioners' offices throughout Quebec. The Assistant Commissioner participated for the first time in the Quality of Services meeting. The Commissioner also participates in the Vigilance Committee (which includes the Chair, Executive Director and two external Board members), meeting regularly to review the work of the Commissioner and support the Board on issues of relevance, quality, safety, service effectiveness, enforcement of user rights, and diligent handling of user complaints. The Office of the Commissioner is also involved in creating a volunteer committee of long-term Wiichihituwin clients staying at Espresso or living in Montreal.

2016-2017 saw many recommendations for changes and improvements which, with management and Board support, can be implemented. Information on Service Quality and Complaints continues to be updated on www.creehealth.org.

With the arrival of Sarah Cowboy came an increase in files, as users were able to discuss issues in their own language.

MEDICAL EXAMINER

The role of the Medical Examiner is to analyze complaints referred by the Service Quality and Complaints Commissioner and that involve a member of the Council of Physicians, Dentists and Pharmacists (CPDP). Each complaint must be reviewed within a precise time frame and lead to a written report to the complainer. The Medical Examiner is also the Director of Medical Affairs and Services, a dual role not uncommon in smaller health care settings in Quebec. In cases of apparent conflict of interest, a medical examiner from a neighboring region is asked to step in. The Medical Examiner continues to remain available and on call to discuss issues, as well as provide assistance to medical staff. There were calls with the Head of the Medical Department and the Director of Professional Services to discuss problems involving physicians.

There were only three formal complaints this past year, although several consultations with the Medical Examiner explored issues put forward. Two of the complaints have been analyzed, and examination of the third has begun. Due to its seriousness, one complaint was referred to the CPDP Executive committee and resulted in a disciplinary committee—a quasi-judicial board formed with members of the CPDP. The disciplinary committee, under lawyer guidance, analyzed the complaint and made a recommendation to the CBHSSJB.



Louise Valiquette
Service Quality and Complaints Commissioner (Interim)
Louise Valiquette is a lawyer with Sogolex, an accredited mediator specializing in workplace mediation, a Quebec Bar member and President of the Seniors' Rights section of the Quebec division of the Canadian Bar Association.



Sarah Cowboy
Assistant Service Quality and Complaints Commissioner



Dr. François Charette,
Medical Examiner and Director of Medical Affairs and Services (DMAS)

COMPLAINTS

1-866-923-2624
r18.complaints@ssss.gouv.qc.ca
creehealth.org/about-us/users-rights

The confidential, toll-free number for complaints 1-866-923-2624 is connected to voicemail, so it is essential that the caller state their name, phone number, and community so that the Commissioner can call back.

POPULATION HEALTH PROFILE

A portrait of the health and well-being of Eeyouch/Eenouch rests on two factors: the actual situation of health and wellbeing and our access to valid data to describe this situation. With the exception of a sudden outbreak of serious infectious disease, the health status of the population changes slowly. Our region has very good control of infectious diseases, so this has not been a factor for a long time. General portraits of the population’s health in the 2014 to 2016 annual reports were quite similar, as is the case for 2016-17. By contrast, the report for next year will use data from both the 2016 census and the *2014-15 Québec Population Health Survey*, and we expect this will change our understanding of the overall picture of health and wellbeing.

This year’s portrait looks at the population and health issues leading to hospitalizations, followed by focussed analyses of the five top-ranked causes of short-term hospitalizations. With the exception of those at Chisasibi Hospital, patients requiring hospitalization must travel, while ill, long distances to hospital—a tremendous burden on patients and their families that also adds greatly to the costs of providing care in our region. For these reasons, an understanding of short-term hospitalizations is important in determining where the CBHSSJB might provide more services inside our territory, at reduced costs, to benefit patients.

In 2016, the population was 17,975—double that of the mid 1980s. It grew by 15.7% between 2006 and 2011, while that of Quebec grew only 4.7%. Half of the population is 25 and younger so a high growth rate can be expected for coming years.

The region’s population experiences some negative health and social factors at higher rates when compared to Quebec. In 2014-15, 64.4% of those 18 and older were obese (body weight index of 30 or higher), compared to 19.3% for Quebec. One health risk with obesity is diabetes. At the end of 2014, 24.7% of those over age 20 were diagnosed (Quebec: 9.6%). Adjusting the population to a similar age structure to that of Quebec shows almost four times more diabetes than that for the province.

Between 2011 and 2015, mothers gave birth to an average of 343.6 live infants each year, many of those young mothers. Between 2013 and 2015, 5.5 of every 100 births were to mothers aged 14-17 (Quebec: 0.3/100), and 10.8 of every 100 births were to mothers age 18-19 (Quebec: 1.4/100). In 2015, infection with chlamydia was diagnosed in 204.4 out of every 10,000 people (Quebec: 29.5) and with gonorrhea in 24.4/10,000 (Quebec: 4.7). In 2013, 30.5% of youth in secondary school used marijuana (Quebec: 7.8%) and 15.4% abused alcohol (Québec: 9.9%). In 2015-16, Youth Protection Services received 878 signalements for youth and children under the age of 18, which is 13.7 per 100 youth and children. (Quebec: 2.3).

The following paragraphs summarize hospitalizations based on data from 2013 to 2016. Overall, hospitalization numbers for physical care declined although, not unexpectedly, all remote regions continued to have the highest rates in Quebec. Residents of Eeyou Istchee were hospitalized 2.2 times more than those in Quebec. An average of 1,268 individuals were hospitalized each year for physical care—an average of 2,160 hospitalizations. As in Quebec, women were more likely to be hospitalized than men, probably due to childbirth. Importantly, individuals aged 18-24 were hospitalized three times more frequently than in Quebec, mostly related to injuries.

The category with the greatest number of hospitalizations was **pregnancy, childbirth and the puerperium**—the period immediately after childbirth. Between 2000 and 2006, the regional hospitalization rate (adjusted to the Quebec population) was 2.3 times higher than that of Quebec. From 2013 to 2016, this dropped to only 1.5 times higher, reflecting the sharp decline in the numbers of births: from 431 births in 2007 to 373 in 2011 and to (provisionally) 316 in 2015. The higher rate of hospitalizations is partially driven by the subcategory of Other Maternal Disorders which is 8.9 times higher than in the rest of Quebec. This is mainly the result of the diagnosis of Diabetes Mellitus in Pregnancy, which is 9.5 times higher than the rest of Quebec. Between 2013 and 2016, this resulted in an average of 90 hospitalizations per year, for a rate of 276.9 per 1000 live births (Quebec: 76.1).

An understanding of short-term hospitalizations is important in determining where the CBHSSJB might provide more services, at reduced costs, to benefit patients.

The second highest number of hospitalizations was for **respiratory system diseases**. Although annual hospitalization numbers are declining, the region still has the second highest ranking among Quebec health regions. On average, 186 individuals—mostly children and those over 45—had 277 hospitalizations each year. Those aged 45 to 64 were hospitalized 3.6 times what is observed in the rest of Quebec, and those aged 65 and older were hospitalized 3.4 times more. Influenza, pneumonia and chronic lower respiratory conditions are the principal reasons for hospitalizations. Pulmonary fibrosis is a serious disease, occurring much more frequently in Eeyou Istchee than elsewhere. Over the three-year period, 53 individuals were hospitalized for an average of 41 hospitalizations per year.

The third ranked category for hospitalizations is for **digestive system diseases**. An average of 161 individuals were hospitalized each year—an average of 226 hospitalizations. Hospitalizations in this category are 2.6 times higher than in Quebec, and the 45-64 age group is hospitalized 2.8 times higher. The principal cause is for 'Gallbladder, Biliary tract and Pancreas' which occurs 4.6 times more frequently than would be expected.

The fourth highest category for hospitalizations is for **conditions originating in the perinatal period**. However, the region ranks third lowest of health regions in Quebec, and there was a significant drop in numbers of hospitalizations from 1998 to 2000. On average there are 205 hospitalizations annually with significant variations between communities. The sub-category of **transitory disorder of carbohydrate metabolism**, a diabetes-related condition in infants, resulted in an average of 17 hospitalizations per year and occurred 1.9 times more than would be expected.

In examining the top five categories for hospitalization, the role of diabetes mellitus cannot be ignored in driving the need for health services.

1998 to 2000 saw an average of 118 individuals hospitalized an average of 194 times annually for **circulatory system diseases** which ranked fifth in number of hospitalizations. The crude rate of hospitalizations almost doubled from 1994-1995 to 1996-1997, but over the last three periods has been stable at around 112 per 10,000—still 2.3 times higher than what is observed in Quebec. In the early period, the average age of individuals from Eeyou Istchee was 62 compared to 65 for Quebec. Now, the average age is 59 compared to 70 in Quebec. Half the individuals hospitalized have a secondary diagnosis of diabetes mellitus, and the average age of those is 62 compared to 51 for those with no diabetes.

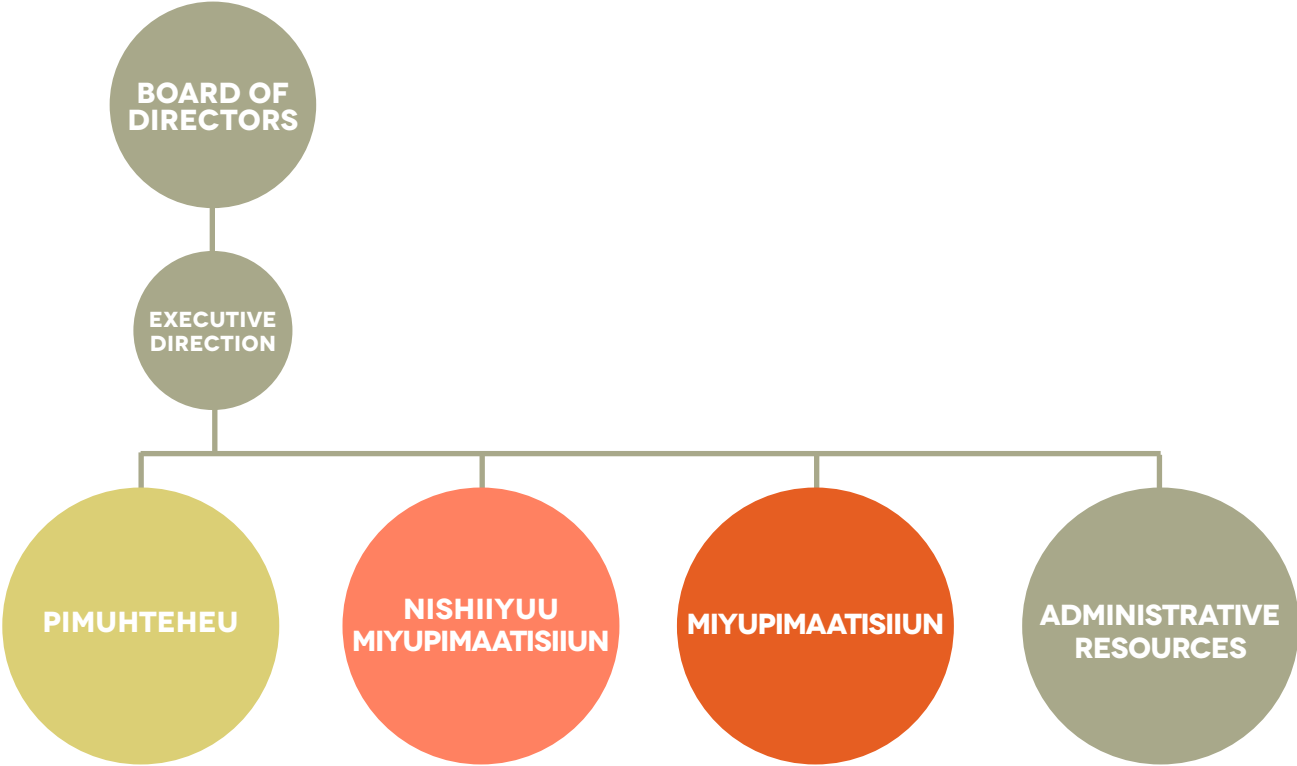
In examining the top five categories for hospitalization, the role of diabetes mellitus cannot be ignored in driving the need for health services. Detailed analyses of hospitalizations can help us understand where to focus prevention efforts and where there might be social and economic savings with more specialised regional services.



Quilt made by members of the Regional Public Health team and assembled by Josée Quesnel.



CBHSSJB ORGANIGRAM



- PRE-HOSPITAL EMERGENCY SERVICES AND EMERGENCY MEASURES
- YOUTH HEALING SERVICES
- YOUTH PROTECTION
- PROGRAM DEVELOPMENT AND SUPPORT
 - DISABILITY SERVICES
 - MAANUUHIIKU (MENTAL HEALTH)
- PUBLIC HEALTH
 - AWASH (0-9 YRS)
 - USCHINIICHISUU (10-29 YRS)
 - CHISHAAYIYUU (30+ YRS)
 - SERC (SURVEILLANCE, EVALUATION, RESEARCH, COMMUNICATIONS)

MESSAGE FROM THE AED PIMUHTHEHU

The Pimuhteheu Department has grown considerably over the course of the year with the welcoming of the Department of Youth Protection, Youth Healing Services and Regional Special Needs Services. The reorganization of these departments has allowed us to broaden our core function of providing support to primary care services in the community and to enlarge our scope of supporting a populational approach towards prevention and promotion of health.

Looking back, it is apparent that we continue to forge solid bonds with other departments and community partners, a collaboration explicit in a number of endeavors. Of note was the approval of clinical plans for CMCs in Whapmagostui, Oujé-Bougoumou, Waskaganish and the Chisasibi Health Regional Health Centre; for the CNG working group on access to nutritious foods; the beginning of an interdepartmental working group on chronic diseases; the support of a life-affirming conference in Waswanipi; the drafting of protocols between Youth Protection, Youth Healing Services and frontline services; development of an addiction framework and clinical plan for addiction centres; collaboration with communities to implement the Triennial Plan for Pre-hospital Services; collaboration of the Mental Health team with Nishiiyuu to develop a framework for traditional healing, and many more projects. Numerous trainings were given to CMC staff such as the training on autism and behavioral difficulties, CHR training on smoking cessation, and support to implement the Â Mashkûpimâtsî Awash program. The Pimuhteheu department was also tasked with planning services to improve perinatal care in the region and bring birthing back to Eeyou Istchee.



Adelina Feo,
Assistant Executive Director
(Interim)

With all our new departments and partners, Pimuhteheu continues to support, train and develop programs and services to better answer the needs of Eeyou and Eenu. The addition of the Department of Youth Protection, Youth Healing Services and Regional Special Needs Services has emphasized the importance of our focus on the health and well-being of children and youth. Through discussion, it becomes apparent that it is essential that we continue to support and invest in the youth of the region to enable our vision of a healthy Eeyou Nation.

Adelina Feo
Assistant Executive Director (Interim)

Pimuhteheu continues to support, train and develop programs and services to better answer the needs of Eeyou and Eenu.

PRE-HOSPITAL EMERGENCY SERVICES AND EMERGENCY MEASURES

PRE-HOSPITAL SERVICES

Pre-Hospital Services involves all steps of medical emergency interventions in Eeyou Istchee, and includes multiple partners such as police, fire fighters and ambulance services. The clinical, operational and administrative efficiency of First Responders, and the continuity of quality care and efficient patient transfer, is dependent on coordination with other organizations within the health and social services network.

Pre-hospital services and health care are provided in compliance with good “first response” practices: respect of individuals, cooperation between the various workers, and the patient’s interest. Supported by the Public Health Department, this unit’s training and quality assurance are provided by the agency Pre-Hospital Experts who were, once again, contracted for training for First Responders. The Director of Medical Pre-Hospital for the past year has been Dr Isis Migneault, who is responsible for the overview of Pre-Hospital Services, ensuring quality training, and facilitating improved relationships between First Responders and CMC/Chisasibi Hospital.

EMERGENCY MEASURES

Emergency Measures refers to the prompt coordination of actions, persons or property in order to protect the health, safety or welfare of people, or to limit damage to property or to the environment in the event of a present or imminent incident. Depending on the scale and type of civil emergency there may be a multiple partners involved from the community to the national level. The coordinator assists primary and supporting departments in coordinating response to civil emergencies (forest fires, floods) taking place in Eeyou Istchee that may affect

the health of vulnerable segments of its population. This year has seen a rise in Post-Traumatic Stress Disorder (PTSD) with First Responders, the fire and police departments, as a result of repeated first responses to suicide cases and/or other tragic accidents.

2016-2017 activities include responses to:

- the forest fire in James Bay;
- power failures in Eastmain, Nemaska, Mistissini, Chisasibi, and Ouje-Bougoumou;
- infectious disease Ebola International Alert;
- major road wash-out affecting emergency transportation;
- missing persons in James Bay in summer and fall; and
- accidents on the James Bay Highway and la Route du Nord.

The coordinator of Pre-Hospital Services and Emergency Measures participated in the MSSSQ Civil Security Mission Santé meetings in Quebec City and the *Organisation Régionale Sécurité Civile (ORSC)* conference calls. Fire Chiefs meet twice annually and provide updates for Emergency Measures for James Bay. Additionally, CBHSSBJ provides updates to the fire chiefs and First Nation Councils.

Emergency Measures On-Call Service is provided at all times. Calls may be received for road closures, forest fires, insufficient beds in a southern hospital or ambulance breakdowns. All calls are dealt with by providing necessary information or assistance to affected communities.

NUMBER OF CERTIFIED FIRST RESPONDERS PER COMMUNITY

Chisasibi	16
Eastmain	18
Mistissini	8
Nemaska	7
Oujé-Bougoumou	8
Waskaganish	13
Waswanipi	7
Wemindji	8
Whapmagoostui	9
Total	94

Upon successful completion of 72 hours MSSS training, First Responders are certified for three years.

The Quality Improvement Program for First Responders, through the review of AS-805 forms, reviews the type, quality, and quantity of service at operational and clinical levels, and implements the skills maintenance training program, the organization of the response system, and the development of a workplan. Some complaints were received regarding service in Waswanipi, Waskaganish and Chisasibi.



YOUTH HEALING SERVICES

Youth Healing Services (YHS) contributes to the protection, rehabilitation and well-being in all aspects (physical, mental, emotional and spiritual) of all youth in our care, through programs that provide safety, security and most importantly treatment. We are committed to providing a compassionate and effective family-oriented program with respect to traditional values, Cree cultural teaching and language, providing a sense of acceptance and belonging for youth experiencing a wide scope of difficulties. YHS mentors in a highly structured setting, teaching appropriate social and living skills enabling youth to achieve success outside the facility:

- providing an atmosphere of warmth, consistency and predictability so youth have an orderly and predictable view of their temporary environment;
- strengthening family bonds by empowering youth with clinical tools and counseling;
- developing within youth a new sense of self worth and self awareness;
- developing professional training programs to enhance quality of services provided by caring, reliable, competent, motivated and engaged employees;
- providing a referral system when needed;
- advocating for rights and needs of all youth.

YHS has 71 employees—childcare workers, Bush Program childcare workers, director, coordinator of resources, intake and clinical advisors, administration, maintenance and security staff, and more than 20 occasional workers. The psychologist position is presently vacant. The majority of employees received training throughout the year, from food safety and ASIST suicide prevention training to mental health.

YHS operates three facilities around the clock, seven days a week. In Mississini the Upaachikush Group Home has seven treatment beds, and the Reception Centre has 12 treatment beds and three emergency beds; in Chisasibi, the Weespou Group Home has nine treatment beds. YHS continues to work with Cree Justice towards building another 12-bed Reception Centre in Mississini in 2019. All placements are referred from Youth Protection and come from all nine Cree communities. The majority of the youth are placed under the Youth Protection Act (ordered or voluntary measures) and a few of them under the Youth Criminal Justice Act (open custody).

CASE MANAGEMENT

For every youth referred, there is an admission meeting between the Youth Protection Worker and the YHS Intake worker. A case conference is then scheduled for each youth entering YHS, and a healing path plan, with goals and objective set by the youth and parents, is developed. Weekly clinical meetings are held to update files, to discuss approaches and strategies, to review and determine when to move on to the next objective, and to share information on different topics. In addition, all reports, whether for court, incidents, observations or discharge, are shared with Youth Protection.

SCHOOLING WITHIN YHS

The Cree School Board provides a teacher for youth residing at the Reception Centre in Mississini to support school re-integration. While the program does not offer complete schooling or the ability to pass youth to the next grade level, it does give them a greater opportunity to succeed once they return to school. Clients from the Reception Centre, and Upaachikush and Weesapou Group Homes attend the public school. The Cree School Board and Youth Healing Services have open discussions and are working on a partnership agreement in order to improve services.

YOUTH HEALING SERVICES STATISTICS FOR 2016–2017

	Reception Centre		Upaachikush Group Home		Weesapou Group Home		Total region
	Average	Max	Average	Max	Average	Max	Average
Total number of youth in placement	15.6	19	8.5	13	9.2	12	33.4
Youth Protection Act (Art.47-38-79-54)	15.3	19	8.5	13	9.2	12	33.1
Boys and girls 8-12 yrs	2.4	4	1.8	3	0.4	1	4.5
Boys and girls 13-17 yrs	13.2	18	6.9	11	8.8	11	29.0
Youth Criminal Justice Act - open custody	0.3	1	-	-	-	-	0.3
Bush Program Activity (days)	25.8	69	18.7	70	22.2	67	66.8
Hospitalization	2.0	19	0.8	10	1.2	7	4.1
Outing with unit	4.4	42	0.2	2	2.2	19	6.8
Absence without authorization (AWOL)	12.2	34	4.8	20	6.2	20	23.1
Back-up Reception Centre/other centres	1.4	7	1.2	7	-	-	2.6
Home Leaves	47.8	187	41.9	128	42.9	146	132.7
Total days presence	251.5	314	102.9	142	132.4	184	486.8
Number of youth discharged	.8	2	0.6	3	1.5	3	3.0
Average number of youth in unit per day	11.3	13	5.3	6	5.6	7	22.2
Transfer to foster home/other centre	2.5	6	1.6	5	1.2	5	5.4
Operating permits	15		8		8		31

BUSH PROGRAM/YHS ACTIVITIES

The Bush Program, an important component of YHS, is a holistic land-based program that teaches cultural and traditional Cree life skills at camps for both inland and coastal communities. Cree elders are invited to participate in guiding program development and delivering traditional knowledge. This year many activities had to be reorganized due to Reception Centre renovations, bed bug issues at the Group Home, and training for frontline workers. Despite this, 13 successful activities were held:

- Aboriginal Day Activity in Mistissini June 15, 2016
- Children Are Important Week Ottawa-Montreal, June 20-26, 2016
- Mamoweedow Traditional Gathering Chisasibi, July 10-24, 2016
- Sonrise Teen Camp, Mistissini July 25-29, 2016
- Boating and Canoeing Activity, Mistissini and Chisasibi, Aug 2-14, 2016
- Bear Hunt Activity, LG-3, Chisasibi September 06-24, 2016
- Moose Hunting, LG-3, Chisasibi October 17-26, 2016
- Bear Hunt LG-2, Chisasibi October 17-26, 2016
- Caribou Hunt LG2, Chisasibi January 25-29, 2017
- Moose Hunt RDN km 80, Mistissini February 14-19, 2017
- Justice Department WE Day invitation Montreal, February 23-25, 2017
- Moose Hunt and Ice Fishing Land M45 March 25-April 1, 2017

YOUTH & FAMILY HEALING SERVICES PILOT PROJECT

In collaboration with the Justice Department of the Cree Nation Government, YHS conducted a jointly funded pilot project. Beginning in July 2016, the six-week program out on the land benefited nine families from both coastal and inland communities, with youth and families receiving support from interveners, Elders, local counselors, Family Life workshops, and a professional therapist, as well as training on first aid, boating license and canoe safety. There is a great need—and continuous demand—for this type of program within the Cree Nation.

YHS has experienced and will continue to experience changes and challenges, as the program works towards its objectives of maintaining best practices and ensuring quality services. All efforts to strengthen YHS are defined in the YHS Action Plan. There had been a plan to build a new facility in Chisasibi, but as most trained childcare staff are based in Mistissini, a move to Chisasibi would require building a new team to support the services there, and so this plan is not currently being pursued.

YOUTH PROTECTION

The Youth Protection Act emphasizes the protection of children as a collective responsibility, and youth protection intervention is guided by a legally specific process under the Act. The Director of Youth Protection (DYP) intervenes only when children are in danger and when their safety and development is compromised, with criteria for involvement not breaching the fundamental human rights of children and their parents. Situations are characterized by the severity and complexity of problems, the degree of children’s vulnerability, and the limitations/resistance of parents or caregivers to recognise difficulties in mobilizing a positive change. The Director and the CBHSSJB Chair presented a memoir at the National Assembly of Quebec supporting proposed amendments which will recognize the cultural identity, language and culture of Cree children as a fundamental right (Section 3 of YPA in Bill 99). The links to family, community and nation, and emphasis on culture and tradition in the approach to life plans, remain a priority for the department, which is the voice of children who cannot protect or speak for themselves.

The CBHSSJB’s adoption of the Youth Protection Bylaw (Article 37 of the YPA) sets out the orientation to fully support the legal mandate of the DYP. The document was resubmitted to the Human Rights Commission of Quebec, following the provincial integration of youth protection centres and social services establishments under new ministerial-appointed Boards and Directors General. The bylaw sets out accountability mechanisms and the scope of the legal intervention of children. The DYP responds to needs with the help of family support structures, interveners in the child and parents’ life, and a network of services. Access to services (addiction, mental health, intellectual disability and physical disability) continue to be our priority.

The DYP participated in the Provincial Committee (*Projet de Vie autochtones*) on clinical criteria for the life plans of Indigenous children in Quebec, an extensive reference manual developed over the past three years. Under the coordination of the MSSS, the goal of the committee is to recognize by law the unique cultural identity of Indigenous children as part of their fundamental Indigenous rights.

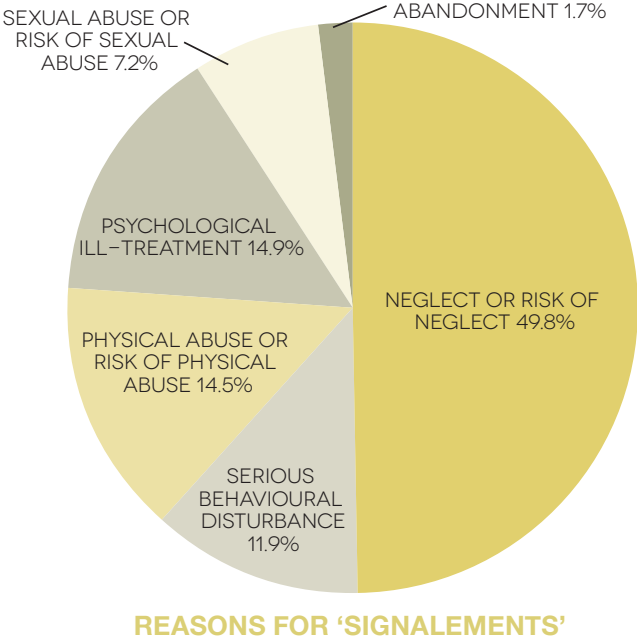
The CBHSSJB Chair, Executive Director and Director of Youth Protection signed a joint collaboration protocol along with Cree School Board’s Chair, Director General and Director of Schools. The purpose of the protocol is to work together to develop individualized education plans for youth protection clients who need extra support in order to succeed in school. Principals will work with YP Team Leaders, children and parents to identify needs, provide support and guide children toward the best possible outcomes in their education journey. A regional committee will meet twice a year to discuss recommendations and amendments to the protocol.

Youth Protection Training participants, January-February 2017



Amendments to the Adoption Act (PL-113) and Civil Code of Quebec will legally recognize traditional adoption, a practice of the Cree since time immemorial. This was achieved with the help of the CBHSSJB Chair, the Director of Government Relations for the Cree Nation Government (CNG) Melissa Brousseau, Gowing WLP lawyer Matthew Sherrard, former CBHSSJB Chair James Bobbish, the First Nations Commission of Health and Social Services of Quebec and Labrador representatives, and representatives of the Inuit Health Board and the Kativik Regional Government. The CNG, communities and elders will need to determine customary implementation in today’s Cree context. Of significance, traditional adoptive parents’ names will be added to birth certificates following a traditional adoption, allowing for signing authority of legal forms in schools, hospitals and government institutions. Biological parents’ names will remain. Under the Youth Protection Act, traditional adoption can be considered a legal option to the existing adoption process as the situation warrants.

Based on the annual number of placement days, the annual average of children placed is equivalent to 228 children subject to foster placement for one whole year. Some children may be placed for a day, a week, a month or a full year depending on unique needs and situations. This 15% increase from last year is mostly attributed to bringing back Cree children to be placed in Cree homes, after intervention or temporary placement in other regions of Quebec. Close to half the children placed live(d) with their extended family member(s). As always, almost all foster families are Cree who live in Eeyou Istchee.



This year, 3,602 calls were received at the RTS Intake Services, with 2,301 treated as reports. Of these, 639 were retained and 1,662 were not retained due to lack of facts presented, a person protecting the child, or information transferred to YP workers for follow-up verification. The majority of situations reported requiring intervention were related to alcohol and drug abuse of parents and/or youth (teenagers).

ACTIVE FILES BY COMMUNITY

Community	No.	% of 0-17*
Chisasibi	298	17.1
Eastmain	25	8.4
Mistissini	299	22.2
Nemaska	36	13.5
Oujé-Bougoumou	50	15.1
Waskaganish	232	25.8
Waswanipi	217	28.4
Wemindji	123	23.5
Whapmagoostui	78	22.0
Total	1,358	20.8

*A child might be subject to more than one signalement

Of the 1,358 active cases, 270 situations were subject to court proceedings. Others are currently under the evaluation/orientation process, and/or under provisional measures (30 days) or voluntary measures (12 months or less). 112 emergency situation motions were presented to the youth tribunal through visio/video conference hearings, preventing unnecessary travel to Amos or Val-d’Or.

Participation in the PL-21 provincial committee resulted in the recognition of the equal importance of ‘culturally specific knowledge’ and education for YP workers. Knowledge of life experience, family histories, culture and values cannot be underestimated. Workers’ skills will be complimented with training and continuous support and evaluation through ‘Preceptors’ (evaluators) towards full recognition of their acquired rights to evaluate situations by the designated Professional Order. Workers will be mentored and coached by experienced colleagues to ensure ongoing improvement of services—including employee development—and their professional and respectful delivery.

The goal for youth who attend the Akwesasne Youth Treatment Centre (IATC) is help with alcohol and drug abuse issues, improved coping skills, and informed choices upon returning back home. This year, 12 Cree youth went through the four-month intensive program adapted to First Nation youth. It is important for Cree youth to have continued access to such services and programs.

Improving the quality of services of the provincially and legally mandated Youth Protection Department requires both a rigorous approach and a realistic outlook on transition timelines given high employee turnover and lateral job movement; accountability mechanisms are like no other. Implementation of the Youth Protection Action Plan is well underway, and key aspects to be developed involve internal and external collaborations such as those with the Cree Justice Department and the Cree Police EEPF, as well as continued negotiations with the MSSS for the adaptation of Cree Foster Home criteria and subsequent increase in funding. Full support from all levels of the CBHSSJB, the Cree Nation entities and the Cree people continue to be required to adapt Youth Protection Services for the benefit of Cree children and families.

PROGRAM DEVELOPMENT AND SUPPORT

DISABILITY SERVICES (SPECIAL NEEDS)

Consisting of professionals with expertise in dealing with a range of disabilities, the regional team provides support to communities and those working with special needs clients to ensure the services and support required. The team also manages the Cree Regional Fetal Alcohol Spectrum Disorder (FASD) Diagnostic and Intervention Clinic, the only FASD diagnostic clinic in Quebec. Although small in size with only nine members, our team is slowly growing and meeting challenges.

With an increase in requests for support this year, the primary focus was on early diagnosis and intervention, and developing services on territory to minimize the need for external resources. To accomplish this, training and mentorship were prioritized for those working in the community, with the following activities:

- Mentorship of CMC staff who are case managing special needs client files;
- Community-based training on early signs of developmental delays, guiding the referral and intervention process and evaluating quality of care;
- Troubleshooting crisis situations;
- Mentorship of community-based professionals (Occupational Therapists, Speech-Language Pathologists, Psycho-educators, Social Workers, Physiotherapists);
- Development of two-day Autism/Behaviour Training, with five communities (250 participants) receiving training so far;
- Creation of community-based, multidisciplinary Early Stimulation Groups, with support to the rehabilitation staff in order to provide optimal therapy services;

- Development of three-day training for Case Managers from all communities on services for special needs clients (intake, care plan, service implementation and follow-up); training is scheduled for fall 2017;
- Development of collaborative partnerships with on-territory resources (school, daycare, Head Start, DYP, mental health), as well as with resources outside of the community;
- Advocating for the development of the following services:
 - Parent support groups;
 - MSDCs: Increased inclusion of special needs clients in day programming;
 - Community-based long- and short-term respite;
 - More positions for CBHSSJB and CSB rehabilitation professionals (OT, S-LP).

Our FASD and Intervention Clinic received 45 referrals, 15 of which received diagnoses. The process is ongoing for 10 children and remaining referrals will be processed next fiscal year. Intervention strategies put in place for children and their families are individualized and based on a multidisciplinary care plan that relies on a close partnership between the FASD team, families, the CMC, Youth Protection and schools.

2017-2018 will focus on respite and long-term care in communities, and see the Diagnostic and Intervention Clinic expand to include diagnosing and supporting local interventions for a broader range of developmental delay and disability services—including autism, behavioural management services—and support assistance for youth transitioning to adult services.



MAANUUHIKUU (MENTAL HEALTH)

We continue to bring the Cree Mental Health and Wellness Strategy to life, working to improve the delivery of mental health services. The Strategic Plan was officially adopted by the Board in September 2016, and mental health was identified as the second most pressing issue at the April 2016 Assembly on Health and Social Services in Waskaganish. We continue to promote positive mental health through prevention, intervention, treatment and ongoing holistic care so everyone can live full and balanced lives.

Highlights include Juliana Matoush-Snowboy becoming Regional Coordinator, replacing interim coordinator Mary Louise Snowboy. We thank Mary Louise for all her hard work, and we are happy that she has stayed on as clinical nurse in child psychiatry. Diane George, who joined our team as a PPRO for Traditional Approaches, will work closely with Nishiiyuu to support the development of traditional approaches to positive mental health. Three of our team members have taken part in the Cree Succession Plan.

We continued to offer training in communities to increase capacity in addressing mental health needs, including Mental Health First Aid (MHFA) and Assisted Suicide Intervention Skills Training (ASIST), as well as training to frontline workers in all nine communities on how to respond to adult disclosure of sexual assault, and on Basic Trauma Informed Approaches to Community Work. Cree Cultural Sensitivity sessions were also given to newly-hired nurses. Plans for the upcoming year include increasing and improving collaboration with other departments, and continuing to develop and improve mental health programs and services.



Mental Health nurses from left to right: Martine Vincent, Pauline Leblanc, Maryse Doyon, Adnan Bendada, Diane Blueboy, Sandra Thibault, Sylvain Provencher, Mary Louise Snowboy.

Psychiatry

Child psychiatry is a new program this year. In September 2016, Dr. Marchand and clinical nurse Mary Louise Snowboy toured all nine communities to assess needs and introduce support to children and their families. Next year an additional child psychiatrist will be hired. A committee, with representation from Maanuuhikuu and the Douglas Hospital, has been created to oversee psychiatry on the Territory.

Dr. Janique Harvey and Dr. Melissa Pickles continued to provide psychiatric care. One mental health liaison nurse and three mental health nurses (Nemaska, Chisasibi and Mistissini) supported clients in conjunction with the psychiatrists. A liaison nurse continues to work from the Douglas Mental Health Institute to provide support to Cree clients in the hospital and their families. Video-conferencing is expanding into new communities and is used regularly for case discussions and client follow-up.

Psychology

Psychology services were offered in all nine communities. With one full-time and two half-time psychologists, and one half-time psychotherapist, services are stabilizing with more frequent and consistent support to clients and local teams. More support via tele-psychology will be offered, and the CBHSSJB is also collaborating with the Cree School Board to provide psychology services to post-secondary students outside the territory.

Suicide Working Group

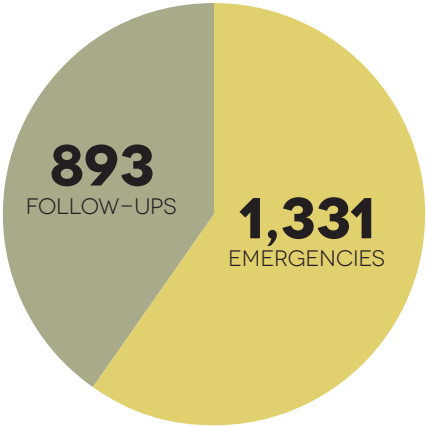
Strategy development for addressing suicide in communities continued—networking with youth programs and collaborating with other Cree entities such as the Iiyuu Ahtaawin Miyupimaatisiun Planning (IAMP). Continued sponsorship of Mental Health First Aid (MHFA) training saw 39 participants trained in five communities. Applied Suicide Intervention Skills Training (ASIST) was supported; five Cree trainees are active or re-activating trainer status, and workshops were given to 54 participants in four communities. The Suicide Working Group collaborated with Mikw Chiyam, an arts education concentration interdisciplinary enrichment program, engaging students in developing posters for a suicide prevention campaign.

2016-2017 PSYCHOLOGY (CLIENT VISITS)

Community	2015-2016	2016-2017
Chisasibi	307	269
Eastmain	242	136*
Mistissini	255	200
Nemaska	100	104
Oujé-Bougoumou	153	86
Waskaganish	197	167*
Waswanipi	139	319
Wemindji	89	92*
Whapmagoostui	206	260
Eeyou Istchee	1,688	1,633

* Missing information from one psychologist

MENTAL HEALTH OFF-TERRITORY APPOINTMENTS



Sexual Abuse Working Group

The group continued to highlight the difficult topic of sexual violence in Eeyou Istchee, with a training program for frontline workers on how to use the Sexual Assault Response Protocol (SARP) and accompanying Sexual Assault Response Manual (SARM). The training provided the skills and confidence needed to implement SARP, covering basic requirements and information for support and intervention of men and women who disclose sexual assault. The program was offered to frontline workers in all 9 communities, with a total of 44 workers completing Phases I and II: trained and ready to respond to adult disclosure of sexual assault. Additional training sessions are planned for next year.

Mental Health Policies and Procedures

Policies and procedures, including drafts for access to telepsychiatry, telepsychology and intensive therapy services, were developed to standardize access to mental health. Others are being developed to provide off-territory psychosocial support for dialysis patients receiving medical care in the South, and to streamline on-territory care, including suicide response for frontline workers. The development of policies and procedures for mental health care is complex and continues to involve consultation and collaboration with frontline workers and health care professionals on and off territory.

Indian Residential Schools

Coordinated by Daisy Bearskin-Herodier, the IRS program continues to provide support services to Residential School survivors with the help of Resolution Health Support Workers (RHSWs) and Cultural Support Providers (CSPs). The program offered support at the *First Regional Suicide Prevention Conference* in Waswanipi and at an IRS conference in Chisasibi, and also ongoing support to former IRS students and their families, as well as people attending traditional gatherings and court hearings.

PUBLIC HEALTH DEPARTMENT

Public health has always invested in promoting Miyupimaatisiun at the individual and community levels. Although health has always been determined by a complex web of social determinants, this has become increasingly evident in a world plagued by a variety of chronic diseases. Many health issues are preventable but absolutely require community-driven solutions. Miyupimaatisiun depends on the engagement of the community and the Eeyou nation. However, the Public Health Department has a role to encourage this type of collaboration.

The Truth and Reconciliation Commission examined the many ways that Indigenous communities were disrupted by colonizing policies and racist attitudes. However, it also proposes actions and principles to help us move forward including:

- workers knowledgeable about culture, community issues and language;
- professional training for Indigenous workers;
- partnerships for work and business opportunities;
- ownership of institutions by Indigenous communities;
- reporting to communities on outcomes and performance;
- participation of local communities.

Regional participation and engagement were evidenced by the 2016 Eeyou/Eenou Regional General Assembly on Health and Social Services, *Planning The Future of Miyupimaatisiun Together*, held in Waskaganish in April as well as community reports from Iiyuu Ahtaahwiin Miyupimaatisiun planning. The regional department has started to use some of this material to guide its actions and to align our work with regional and/or community priorities.



Robert Carlin

Intersectoral work is complex when we try to collaborate with institutions with different mandates and governance structures with different priorities. Yet evidence shows some approaches are important when we look at health policy development:

- synchronizing communications and messages;
- putting in place accountability mechanisms;
- coordinating financing and investments;
- integrating follow-up with evaluation and research;
- developing and structuring intersectoral actions;
- reinforcing professional capacities;
- incorporating health into policy developments.

In our current five-year plan, the regional Public Health Department aims to foster these collaborative relationships, particularly at the community level.

Dr. Robert Carlin

Director of Public Health (Interim)

AWASH 0–9

Promoting and improving the well-being of pregnant women, babies, children aged 0 to 9 and their families via a culturally-safe and integrated services approach

The Â Mashkûpimâtsît Awash (AMA)

umbrella program offers ongoing intensive psychosocial follow-up tailored to the needs of families. AMA also develops partnerships at local, regional and provincial levels to better coordinate existing services while complementing them with new, community-based projects that encourage ‘family-friendly’ communities. This past year, AMA continued to be fully offered in four communities (Mistissini, Oujé-Bougoumou, Wemindji, and Waskaganish). Chisasibi and Nemaska began implementation through interdisciplinary teamwork, and Waswanipi, Eastmain and Whapmagoostui are in preparation phase, given staff and management instability. Clinical support and coaching were offered through on-site visits every four to six weeks, and five trainings on AMA Guidelines and Interdisciplinarity were provided. AMA implementation tools were simplified and reports of process evaluation were published. The Community Development component of AMA held one regional meeting for Community Organizers and five conference calls. Collaboration with community partners was maintained through joint activities such as “Baby College” in Waskaganish, “Come-Unity” in Waswanipi and “Fly Families” in Wemindji. Regional partnerships were consolidated with the Mamuu Uhpichinaausuutaau Committee bringing together six entities with a special interest in child development and the well-being of young children and their families, and Awash Sibi, a network of Daycare Centres, met at least three times a year to ensure collaboration.

The Maternal and Child Health Program

offers support to local Awash teams to improve counseling and teaching skills, support home visits, and enhance promotion and prevention through evidence-based guidelines in maternal and child health interventions and activities. The program mostly addresses basic medical follow-up to women in preconception, during pregnancy and after delivery, as well as to children up to nine years. This year, collaboration with the Eeyou Istchee Perinatal Midwifery Program and Nishiiyuu was at the heart of this program’s clinical and teaching tool development. Support and coaching in MCHP preventive counseling was provided to approximately 25 local CHRs and more than 30 nurses during five community visits. Awash-related collective prescriptions were developed and the review of the MCHP manual and Parent Booklets continued. A visit with a Guatemalan traditional midwife and doctor was organized in Mistissini to initiate an exchange of traditional practices with Nishiiyuu.



Skin to Skin wraps given to new mothers this year to increase breastfeeding and attachment

The goal of the **Awash Nutrition Program** (CPNP) is to improve birth outcomes by improving overall maternal and child health through proper nutrition. By supporting and collaborating with local health care workers in the follow-up of pregnant women, new mothers, babies and young children, the program aims to reduce unhealthy birth weights, reduce nutritional problems during pregnancy and childhood, promote healthy eating and breastfeeding, and increase access to nutrition services for pregnant teens and high risk pregnancies (e.g. GDM). In the past year, the program provided training, continuing education and support to local Awash teams by distributing nutrition educational tools, breastfeeding promotional items and the “Tiny Tot to Toddler” guides to pregnant women. Twenty new workers received nutrition training. Highlights of this year’s work include a training on infant nutrition offered to 30 future Cree early childhood educators. Also, a consultation with the INSPQ team, the Nunavik region and the Public Health Environmental Health team, resulted in recommendations on lead contamination and game meat consumption that were added to the 2017 edition of the Tiny Tots to Toddler.

Nutritionist Stephanie Sicard and a patient at the CMC in Mistissini



The **Breastfeeding Program’s** goal is to implement the Baby-Friendly Initiative (BFI) in all communities and to increase the rate of exclusive breastfeeding at six months, as well as the rate of total breastfeeding with added complementary foods up to two years and beyond. The position of Planning, Programming and Research Officer Breastfeeding was only filled at the end of 2016. In those few months, six CHRs, nurses and nutritionists from two inland communities received training, 11 new posts were published on the creebreastfeeding.com blog and the Facebook pages saw 54 new posts and links updates. The Breastfeeding Tradition Protection Act, the Answer Guide to the Breastfeeding Nature’s Way flipchart and the Breastfeeding section of the MCHP manual were all prepared for final editing. Breastfeeding Week activities were organized in three of the nine communities.

The **Cree Leukoencephalopathy and Cree Encephalitis Program (CLE-CE)**, otherwise known as the Genetic Diseases Educational and Prevention Service, aims to improve awareness about CLE/CE through a program of education and carrier screening offered at the high school level and through prenatal services in the Awash clinics. The position was vacant until a Nurse Counselor was hired in November. In the last few months, high school students of three communities were visited, 100 students attended a presentation, of whom 28 accepted to be screened. 26 of the 100 students had already been screened and 23 of them were able to review their results. The evaluation of the program continues in partnership with the genetics team from Sainte-Justine Hospital.

The **Public Health Immunization Program** aims to reduce the transmission of infectious diseases preventable by vaccination by offering quality vaccines through effective vaccination services in all nine communities. During the past year, basic vaccination services were planned and coordinated for delivery by CMCs. Both components of the SI-PMI (management of immunization products and immunization registry) are now well implemented in the region. As of March 31, 84.6% percent of the region’s children received first doses of DTaP-Polio-Hib-Hepatitis B (Infanrix hexa) at 2 months of age, 52.2% received Meningococcal C vaccine at one year, and 34.8% received RRO-VAR (Priorix Tetra) at 18 months. Regional vaccination coverage for HBV in Grade 4 students is 79.9%, and 19.7% for the HPV vaccination. This past March a joint call for tenders was developed, in collaboration with Sigma-Santé, for the selection of a company responsible for the management of immunization products for our region.

The **Dental Health Program** organizes preventive services to improve oral hygiene habits in the region and to reduce the prevalence of tooth decay and oral health problems through both public education and prevention activities carried out by dental hygienists, CHRs, and other Awash professionals. In the absence of a public health dentist, school-based programs are being supervised by the Clinical Department of Dentistry. The position of PPRO Dental Health has been vacant since March 2016. A review of the results of the dental health survey was initiated in collaboration with specialized services.

The **Infectious Diseases Surveillance and Protection Program** aims to improve population health by reducing the incidence of infectious diseases in the region. Priorities are to support surveillance, prevention, control and evidence-based management of infectious diseases. Work was carried out supporting the control of clusters and outbreaks of infectious diseases as well as declarable infections. This included, but was not limited to, responding to a tuberculosis case, a Salmonella cluster, and a group A streptococcus cluster. Updated versions of provincial protocols and regional tools were shared for public health physicians who are on call for the region. A draft procedure for influenza and gastroenteritis outbreaks was produced with regional partners. Collaboration with the local communities and MAPAQ was encouraged for the northern dog vaccination program.



USCHINIICHISUU 10-29

Improving the health of youth through planning and implementation of appropriate health services in communities, clinics and schools and by addressing developmental needs in the transition to adulthood.

The new **Healthy Eeyou Youth (HEY) Program** will look into integrating clinical and psychosocial services with a strong outreach axis. A new Planning, Programming and Research Officer was hired mid-year to lead this innovative project. By March 31, the community consultations final report on the planning of Cree youth-friendly health services was completed and distributed in all nine communities. Recommendations included complementary clinical and psychosocial outreach services for Uschiniichisuu and Awash clients. Community-oriented consultations to redefine youth needs were held in a few communities, and pilot projects are planned in two communities. Community presentations in all nine communities on the HEY project will be completed by the end of 2017.

Healthy sexuality and infectious diseases

As part of the overall Infectious Diseases Surveillance and Protection Service, this program focuses on reducing or eliminating sexually transmitted infections (STIs) and preventing unwanted pregnancies, especially among teenagers. This year the medical advisor had meetings with the pharmacists to ensure accessibility of contraception and STI treatments in schools. The Sexual Health Nurse Counsellor received support with Hepatitis C, MADO investigation and STI management follow-up, and nursing staff reviews of STI regional memos, STI guidelines provincial updates, and the Therapeutic Guide for STIs took place. Ongoing communications continue with laboratory technicians and the RUIS microbiologist to support best practices application in lab STI testing. The 2016 update of the *INSPQ Guide de rédaction d'ordonnance collective en contraception hormonale et stérilet*, a guide targeting nurses who don't hold the right to prescribe, was shared

with the CBHSSJB clinical partners. A multidisciplinary meeting of health professionals, band office members, youth representatives, addictions workers, Youth Protection workers, Elders and leaders of faith-based organizations was held in Nemaska on STI management and epidemic situations in Eeyou Istchee, the objective of which was to raise awareness to motivate local stakeholders to address the issue. This year there was continued monitoring and epidemiological investigations of all STIs and blood-borne infections in the region. Epidemiological investigation of approximately 50 N. gonorrhea infection cases and half of the 40 cases of possible chronic Hepatitis C infections across the territory was done. A collective prescription for asymptomatic patients with chlamydia and/or gonorrhea was developed and approved, and a new STI memorandum was delivered and introduced to 42 nurses and 13 doctors during the first half of a community tour. Thirteen interviews for research "On Being Two-Spirited in Eeyou Istchee" were completed, and the Preventive Clinical Practice section of the manual for the Youth Clinic was finalized.

The **School Health Program** aims to improve effectiveness of health promotion and prevention interventions in schools by identifying and implementing relevant best practices. As of March 31, 2017, school nurses were present in all nine communities. Support was given to all local coordinators and school nurses through monthly meetings and the development of a school nurse performance appraisal tool. A total of seven meetings between the Cree School Board and Public Health resulted in collaboration on common projects related to health. *Chii Kayeh Iyaakwaamiih* – "You too be careful", a school-based module on healthy relationships and school health, saw local file holders (school nurse, CHR, community worker) in each community provide support to teachers on topics related to Cree culture, prevention of STIs and unplanned pregnancies. Public Health worked closely with the Cree School Board to ensure module delivery to all Secondary I-III students, with a focus group of six high school principals as part of the evaluation process.



The **Dependencies and Addictions Program's** mission is to address issues related to substance abuse and dependencies in Eeyou Istchee and to foster transition to a healthy Cree lifestyle with a focus on youth. The first draft of the proposal for an Addiction Framework to guide planning development for addiction programs and services was completed. Information and material was provided to all NNADAP addiction workers in each of the nine Cree communities for use in youth prevention activities. Radio and community public information broadcasts on addiction and driving under the influence took place. For the holiday period, messages were broadcast related to substance abuse and risky behaviors, preventing addiction relapses, and mental health. A working group on the use of opioids was formed and meets regularly.

CHISHAAYIYUU 30+

Promoting health and well-being for adults and Elders

The **Iiyuu Ahtaawin Miyupimaatisiin Planning (IAMP)** mandate is to support community Miyupimaatisiin strategic work planning and to support regional alignment with these priorities. This initiative is jointly managed with Nishiiyuu. Although communities are moving at different speeds in this process, all communities have drafted by-laws and determined memberships of Miyupimaatisiin committees. At this point, community contribution agreements have been signed with all nine communities.

Each year health promotion activities are organized, for the **Promotion of Health and well-being and Prevention of chronic diseases**. Once again this year, the Public Health Department launched several projects promoting healthy living for schools, community members and employees of the region. Support and encouragement is provided for communities to organize various physical and nutrition-related activities throughout all seasons. Spring active campaigns (*Active School Project*, *National Physical Activity Week*) and summer active campaigns were launched and the *100 Challenge* was promoted throughout the region. Communities created a walking/running club in the summer and some organized a 10km/20km run. The fall active campaign *Walk to School Week* was launched and schools were encouraged to organize and promote the campaign. Some communities organized a *Walk to Work (no vehicle) Day* where a healthy breakfast was served to all participants. The *Winter Active* campaign was launched, with local and regional radio encouraging community members to be physically active during winter. January to March communities organized weekly snowshoe walks and cross-country skiing events, which are now very popular. Some communities set up traditional campsites with activities such as *Family*

School Challenge Week. Once again, with the funding from the Aboriginal Diabetes Initiative, public health can provide small grants to support regional and local activities on diabetes prevention, and this year 39 small grants were awarded to various community groups who requested financial assistance for projects. Diabetes Awareness Month saw healthy cooking in schools, community walks, after-school programs and other physical activity/nutrition projects organized by frontline workers and community organizations.

Iiyimiichim/Iynimiichim—traditional food—is central to Cree nutrition and continues to be an integral part of Cree health and well-being. MAPAQ agreements to serve wild meat continue to be part of the food service framework, and the traditional food workshops for Inland and Coastal communities, *From the Bush to the Table*, now bridge local Elder knowledge with current scientific knowledge. Two regional training conferences offered in early 2016 saw over 80 Inland and Coastal participants complete training. The 2013 Regional Nutrition Policy continues in CBHSSJB food services, and extends to boarding homes and hotels used by Wiichihiituwin patients travelling to Val-d’Or and Montreal. A thorough evaluation of nutrition and food services was done with quarterly assessments in collaboration with Wiichihiituwin community and social workers. Training, support and regular interventions continue to ensure best quality care for patients. Childcare centres were visited to ensure continued consultation of the 2010 Daycare Regional Nutrition Policy. Menu updates and training in nutrition, food allergies, and food safety and hygiene were provided, and nutrition workshops, training and support continue to be offered in all 16 daycares.

MAPAQ food safety certifications continue to be offered to those working in CBHSSJB food-service organizations, while training was offered throughout the year: over 180 people have been certified with MAPAQ accreditation for food handling. Regional media continued to promote healthy nutrition, food safety and best practices for handling wild meats.

No Butts To It! (NBTI), a three-year tobacco reduction project comprised of three parts—*No Butts To It Smoke-Free Challenges*, Smoking Sucks Workshops for Cree youth leaders, and a Distance Education Program for CHRs—has now completed its third year. Funding from the Federal Tobacco Control Strategy of Health Canada is confirmed for an additional year and, following the March 2017 National Forum with the Federal Minister of Health, there should be further targeted funding to help reach Health Canada’s goal of reducing tobacco use to 5% by 2035. Health Canada considers NBTI one of their best-practice projects based on the scope of activities implemented and results achieved.

In January 2017, Wemindji joined the NBTI *Smoke-Free Challenge* and Chisasibi and Mistissini each implemented second challenges in January and February respectively. Results showed a significant increase in participation compared to last year, and eventually all communities will be on board.

Three *Smoking Sucks* Workshops were held: December 2016 in Wemindji, January 2017 in Chisasibi, and February 2017 in Mistissini. Workshop format has evolved since starting with high school youth, and now caters to CMC teams and Youth Councils. *Smoking Sucks* Workshops are now integrated with NBTI *Smoke-Free Challenges*, as part of a more comprehensive community-based smoke-free campaign. The **Distance Education Program (DEP)** began with 14 participants in 2016, though five left due to maternity leave, medical reasons, or resignation as a CHR. Several participants played key leadership roles during the Challenges and were able to implement aspects as part of their work on the Challenge team. Integrating learning with action in a community health project has proved to be well received; as one participant stated, “This is the first time we have had a training that actually results in something concrete that makes a difference in the community.”

Injury Prevention across Eeyou Istchee has involved initiatives addressing many social issues that have negative impacts on a community. One devastating social issue that still requires discussion is the different types of violence evident in Eeyou Istchee. Interested partnerships, both at the local and regional level, are willing to address this issue. A working group on violence prevention within the public health department, and the CHBSSJB more broadly, was formed. Injury prevention messages continue on a yearly basis, from one season to another, covering water safety, driving and road safety, and firearm safety.

The **Breast Cancer Screening Service** is key to breast cancer prevention, and a nurse responsible for the program was hired to prepare for next year’s tour of the mobile screening program.

The *Train the Trainer Program* is aimed at increasing health care providers’ (HCPs) **Diabetes** management knowledge through training, mentorship and support. In 2016-2017, three regional diabetes educators (CDEs) gave initial training to all new nurses, CHRs and nutritionists, before going to respective communities. The CDEs traveled to communities at least once a year to provide ongoing training to local HCPs, including doctors. For daily diabetes-related questions, local HCPs have access to three phone assistance lines, managed by the CDEs and to culturally-adapted professional tools. Constant development and updating of on-line teaching and learning materials allow for tailor-made support. Peer-to-peer support for Eeyouch with diabetes and their families was provided via a three-day diabetes camp and traditional walks for youth.

Diabetes education materials



The **Occupational Health and Safety Team** is mandated regionally to protect the health of workers and to help prevent occupational injuries and illnesses in priority groups (I-II-III). Activities are planned on a yearly basis according to provincial priorities.

Environmental Health not only informs about and protects from the effects of harmful substances in outdoor air, indoor air, water, and food; it is also concerned with reducing negative health impacts of resource development projects, features of a community-built environment, and environmental emergencies. Much of the work involves intersectoral collaboration with the Cree Nation Government (Environment and Remedial Works, and Capital Works departments), the Cree Trappers’ Association, and the James Bay Committee on the Environment.

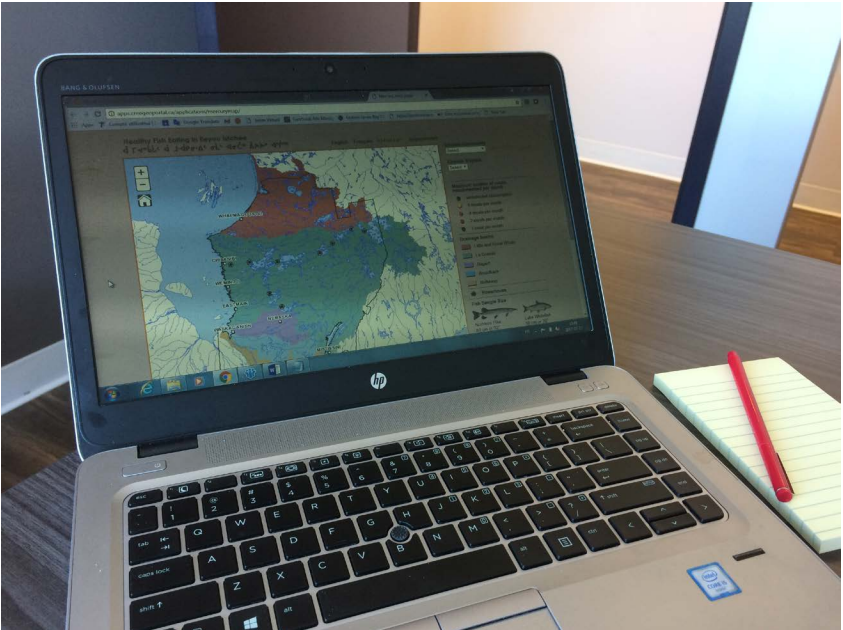
The Environmental Health team completed a **radon**¹ testing project in CBHSSJB workspaces and dwellings where elevated radon levels had previously been found in homes. They visited the community twice: to pick up monitors placed several months previously, and to present testing results to the local director and staff. They also presented a report to the Director of Material Resources and discussed the remedial work that is needed for a few CBHSSJB buildings.

Regarding **indoor air quality problems** in public buildings and social housing, the Environmental Health team answers frequent requests from the public and health professionals about mould and indoor air quality. This year they were asked to contribute to two provincial-level documents on housing.

1. Radon is a naturally occurring radioactive gas given off by some types of rock and soil, can accumulate in basements, and may cause lung cancer.

Regarding **Drinking Water Surveillance**, the quality of water in the community water distribution system is the responsibility of First Nation Councils. The Public Health Department receives notification of abnormal results of drinking water testing that is sent to certified labs outside the region. The Environmental Health team reviewed all results of Chisasibi’s water testing done in a certified lab throughout 2016. Samples were sent out at least twice a week and all results were normal, indicating an excellent quality of drinking water in that community.

Regarding **environmental emergencies**, the CBHSSJB website provided information at the beginning of the summer on how to prepare for forest fires, and community meetings on emergency preparedness were held throughout the year. Regular meetings have been set up between public health and regional emergency services.



An **interactive mercury map**, developed from the most recent results of fish mercury monitoring from Hydro-Québec, provides fish recommendations for each trap-line and is now at www.creegeoportal.ca. The Environmental Health team met with the Cree Trappers’ Association and the Cree Nation Government Department of Environment and Remedial Works on several occasions to discuss strategies for promoting a **transition to non-lead ammunition**. Presentations were made at several regional and local meetings, and articles were written in *Cree Hunter and Trapper* and *The Nation*. A nutritionists and communications working group was organized within public health to plan communications (poster and radio) prior to the 2017 goose break season. A resolution supporting the elimination of lead ammunition in Eeyou Istchee was passed by the Board of Directors at their March 2017 meeting. Following warnings issued by other Ministries and other regions, a detailed assessment was carried out of the health risks from cadmium in moose kidneys. The Public Health Department’s evaluation concluded that risk was minimal, and the most important source of exposure to cadmium in the region was cigarette smoking. This document was presented at the provincial concertation table in environmental health and shared with other Cree entities and Quebec government departments.

Interactive fish map on www.creegeoportal.ca

SURVEILLANCE, EVALUATION, RESEARCH, COMMUNICATIONS, CLINICAL PREVENTIVE PRACTICES AND PUBLIC HEALTH COMPETENCY DEVELOPMENT

The SERC Team is responsible for public health surveillance—one of four primary functions of public health—which is the ongoing systematic reporting on population health and its underlying determinants. While surveillance is SERC’s principal independent function, it is carried out together with evaluation, research and communications, which support the work of the other teams in public health. The team’s expertise is also used outside of public health to support services: developing data gathering systems, special CBHSSJB activities such as the Cancer Project, and planning for electronic medical records.

The work of the team follows two sets of objectives: those from the CBHSSJB Strategic Regional Plan (SRP) and those of the surveillance theme within Québec’s Public Health Plan. **Axis 1** of the SRP is to improve the social determinants of health, to promote healthy lifestyles, and to prevent suicide and sexually transmitted infections. The primary surveillance function of SERC team falls within this axis. This also covers National Public Health Plan objectives which include access to data on population health, recurrent and planned reporting while responding to ad hoc requests, and reporting on emerging problems.

Our work involves keeping databases up to date, preparing reports from them, and developing and providing support for data-capturing systems within services. This year we continued to draft our regional surveillance plan, and participated in preparing the Public Health Plan. Our analysis of population health is kept up to date in our Global Health Report for Eeyou Istchee, an internal report with ten thematic chapters covering demographics, quality of life,

infrastructure and housing, natural environment, employment and economy, culture, physical health and services, maternal and infant health (Axis 10), mental health and dependencies and society. From this report, other more popular reports are made available in various formats depending upon the need. We released information on diabetes within the region and each community; diabetes in youth; cardiovascular diseases; cancer; respiratory diseases; injuries and intoxication; hospitalizations; tuberculosis; and infant deaths. As part of larger teams, we finalised research reports on pulmonary fibrosis and continued analyses and reports from the Environment and Health Study database on persistent organic pollutants, lead and human health and nutrition. We also did special data requests for DMAS and the Department of Justice. All information was prepared for various purposes and audiences: some released publically, others used internally.

The team continued to develop data capturing systems and provide ongoing support in Allied Health, measuring units in the Mississauga CMC Current Services, Awash services, and the pharmacy in Chisasibi, helping to improve availability of surveillance data from local services. Planning on how to capture youth mental health services data is ongoing with the Mississauga CMC. Support was given to planning initiatives for midwifery, violence prevention, reportable infectious disease and women’s shelters; and reviews were done on the quality of vaccine registry data and on STI screening data.

More planning is being done on how to report on the region’s growing social inequalities and how to track the impacts of climate change on population health. Year end saw the draft of the larger report from the children’s dental survey, and access to our Québec Population Health Survey data was pending agreement between the CBHSSJB and the *Institute de statistique du Québec*. This, along with lack of new data on cancer from the Ministry, was our major problem concerning access to data. However, the National Public Health Institute’s Infocentre continued to make more regional data available for analysis. To help users of our reports, we prepared a guide on understanding how we use statistics when reporting on population health.

Axis 2 has the goal of improving access to services with a focus on community outreach, improved vaccination coverage, STI prevention and dental health. The team had major commitments in community outreach: the Cancer Project and development of Cree language and tools to access the lexicon; evaluation of the regional initiative to promote and support local health planning; the research project to determine integration of dental services into primary care; ongoing evaluation of the genetic diseases screening and education program; continuing work to establish a local model and approach for delivering appropriate youth mental health services in Mississauga, within the ACCESS research project partnership; and support for an outside project to review literature and consult on how Elder participation can improve indigenous community well-being. Other work within this axis involved support and training for community organisers.

Axis 3 promotes population-based screening and follow-up of chronic diseases with a focus on kidney disease. Technical support to improve the Cree Diabetes Information System continued, and by year end the system was operating well and ready to be expanded to other chronic diseases. As well as ongoing support to the evaluation of genetic disease screening, we reviewed influenza coverage from the vaccination registry and worked on the methodology for a surveillance of dialysis.

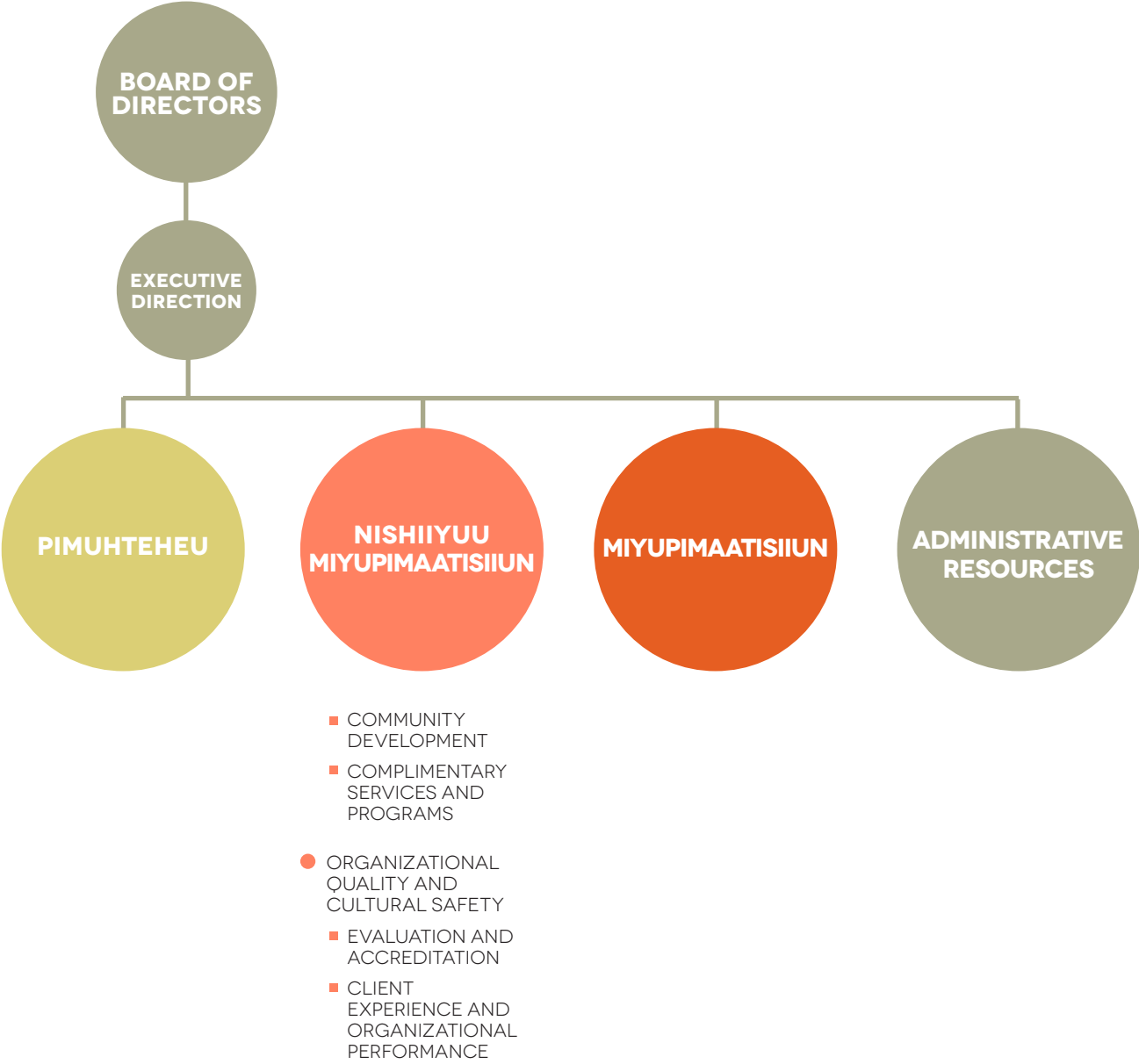
Axis 4 promotes mental health services. We spent a lot of time working on the Mississauga ACCESS project for youth mental health, and began specific work on developing mental health terms for the Cree language lexicon with the language working group. One project involved validating and adapting a widely-used tool to detect depression in pregnant women; another involves a partnership with the Cree School Board and researchers to do the same for common tools used to assess the mental health of youth. Planning also began for a regional CBHSSJB study on prescriptions and the use of opioids.



55

NISHIIYUU MIYUPIMAATISIUN

CBHSSJB ORGANIGRAM



Kathy Shecapio,
interim AED of Nishiiyuu
Miyupimaatisiun Group



This past year has seen much activity in the Nishiiyuu Miyupimaatisiun Department, whose mandate is to promote health and miyupimaatisiun by drawing on traditional Cree knowledge and practices in addressing the many different factors that influence wellness.

Nishiiyuu revised its action plan to re-align priorities and schedules. The new Strategic Regional Plan places greater emphasis on traditional knowledge and healing practices and on assuring cultural safety in all programs and services of the CBHSSJB, and Nishiiyuu Miyupimaatisiun will play a critical role in the success of this component of the SRP.

The department established a Collaboration and Contribution Agreement with the Nishiiyuu Council of Elders, ratified by the Board of Directors in March. This agreement defines the Department’s relationship with the Council of Elders, our knowledge carriers and holders of traditional knowledge, including traditional medicine, whose guidance is necessary for the Department to achieve its mandate. The Nishiiyuu team will work in close and structured partnership with the Elders Council, building a constructive dialogue in order to develop Nishiiyuu programs and services. This first year will involve a learning process for both parties.

The Nishiiyuu team is conducting an inventory of the Traditional Birthing Knowledge data of approximately 180 interviews with Cree Elders.

A number of specific projects are currently underway. The Department is at the first stages of addressing the Truth and Reconciliation Committee’s Calls to Action, identifying specific needs, and determining the scope of efforts and projects involved in taking on the TRC’s recommendations. This will no doubt lead to further initiatives.

MIDWIFERY AND WAAPIMAAUSUN
Nishiiyuu anticipates the full implementation of the Midwifery project in the coming year. This past year saw drafting of the program plan and development of the program, with a book of procedures in the process of being compiled. A prenatal pathway has been developed for normal pregnancies, which will provide a clear structure for the program. The Midwifery project is closely connected to the Waapimaausun-Traditional Birthing Knowledge project, and is being integrated with it. This project, led by Cree women elders, aims to (1) document and research Cree women elder’s personal stories; (2) gather traditional knowledge on traditional birthing and childrearing; (3) document men’s knowledge on birthing practices; and (4) produce videos, publications and other tools for education and awareness. The Nishiiyuu team is conducting an inventory of the Traditional Birthing Knowledge data of approximately 180 interviews with Cree Elders. Thus far over 20% of interviews have been inventoried; this effort will continue through 2017-18. Much work remains to be done on transcribing and translating interviews. In addition, we must establish a clear process for protecting traditional knowledge.

ORGANIZATIONAL QUALITY AND CULTURAL SAFETY

An Executive Scan of the Waapimausun Program Manual was conducted by Anne Foro, who has provided recommendations on ways to improve and re-organize the manual layout.

The Nishiiyuu team collaborated with Public Health Awash on the integration of Nishiiyuu material in that unit’s booklet project. Nishiiyuu is also refining its Nishiiyuu Miyuut – Baby Birth Package initiative; this initiative, piloted in three communities, aims to support young mothers during pregnancies, to help establish strong bonds between mothers, infants, and other family members, and to help bring birthing back to Eeyou Istchee.

NITAHUU ASCHII IHTUUN (LAND-BASED HEALING)

As our ancestors knew, the Land heals, and this understanding provides the foundation for the Nitahuu Aschii Ihtuun (Land-Based Healing) program. This past year saw the completion of the Whapmagoostui Winter Land-Based Healing Program Manual (WLBHP), which lays out key program goals, objectives, guidelines, values and expected outcomes for delivery of Land-Based Healing Programming. Nishiiyuu Miyupimaatsiun will promote the use of this winter manual to the other land-based communities as a guide to start initiate healing in all the communities.

The manual is a green document, meaning it will be revised, edited, and added to as other communities develop programs and can contribute their own knowledge, experiences and discoveries to the manual.

Through the services of Matthew Mukash, consultant up to 2015-2016, and under the guidance of the local Elders council and key community members representing other Cree entities and organizations serving the Whapmagoostui First Nation, a Five-Year Strategic Plan was designed and developed to identify Whapmagoostui priorities in traditional medicine, helping, healing and traditional knowledge practices. This strategic plan has been completed and also served as a reference as the winter manual was being finished.

Whapmagoostui pilots have been launched for developing land-based healing manuals for high-risk young men and for male-female groups. In addition, the video projects of the Nishiiyuu Walkers Journey and of elder interviews are underway, with inventories of video and audio materials.

CULTURAL SAFETY

Cultural Safety is a relatively new file for the Nishiiyuu Department and is in the preliminary stages of planning. The aim of Cultural Safety is to provide all services in accordance with the cultural values and realities of the Cree people. This process will be supported by key partners from the CBHSSJB’s new Clinical Coordination and Integration Committee (CCIC) and the Nishiiyuu Council of Elders. Nishiiyuu’s role on the CCIC will be to ensure the cultural safety of program and service delivery. Local CCICs will be multidisciplinary teams including a Nishiiyuu representative, charged with advising local CMC directors. The Nishiiyuu Department is also developing education material related to the culturally safe and appropriate delivery of programs throughout the CHB.

Nishiiyuu participated in the visit of Maya K’iche’ health workers from Guatemala



BEST OF BOTH WORLDS RESEARCH

Nishiiyuu Miyupimaatsiun collaborated in the Best of Both Worlds Research Program with the research team of Université de Montréal professor Pierre Haddad. The program aims to develop safe and culturally appropriate access to traditional medicine for diabetes care in contemporary aboriginal primary health care. The project involved the Cree communities of Chisasibi and Mistissini, as well as the Innu community of Mashteuiatsh. The goal was to use participatory research methods that engage Cree healers, community members and healthcare providers. 30 people from each community were interviewed: patients, healers, elders, health workers and health managers. Consent forms were signed for permission to be taped, photographed, and/or videotaped. The study is a first step to building health care offering both traditional and modern approaches to medicine and eventually bring health staff and healers to work together.

EMPLOYEE AND FAMILY ASSISTANCE PROGRAM (EFAP) – CULTURAL COMPONENT

Nishiiyuu Miyupimaatsiun was asked to provide a responsive sensitive cultural component to the existing EFAP, based on Cree cultural values, beliefs and traditional practices. A working group has outlined a process incorporating a culturally appropriate support system based on traditional ways of offering support, help, and healing to individuals and/or families. Consultations and a survey have been conducted to identify and address needs and help make improvements to the CBHSSJB EFAP, and an action plan has been drafted. This will lead to the implementation of pilot programs for Cultural Healing Services for Employees and Families.

PARTNERSHIPS AND COLLABORATIONS

The Nishiiyuu Department is working closely with other partners within and beyond the CBHSSJB, including the Nishiiyuu Council of Elders; Midwifery and Cultural Safety Working Group; Public Health Awash (Booklets, AMA, CHR Awash Training); Regional Addictions Working Group/Healing Lodge; Maanuuhikuu (Mental Health); Indigenous Health Programs (McGill University); and Best of Both Worlds (Pierre Haddad/Université du Montréal).

2016-2017 MILESTONES:

- Whapmagoostui Land-Based Healing Program Manual
- Nishiiyuu Council of Elders Collaborative & Contribution Agreement
- Traditional Birthing Re-enactment at the Annual Cree Nation Government Assembly
- Nishiiyuu Miyupimaatsiun – Collaborating Sun Dance – Healing
- Allocation of new staff in Nemaska, Oujé-Bougoumou, Eastmain, Wemindji and Whapmagoostui
- Development Positions in Nishiiyuu

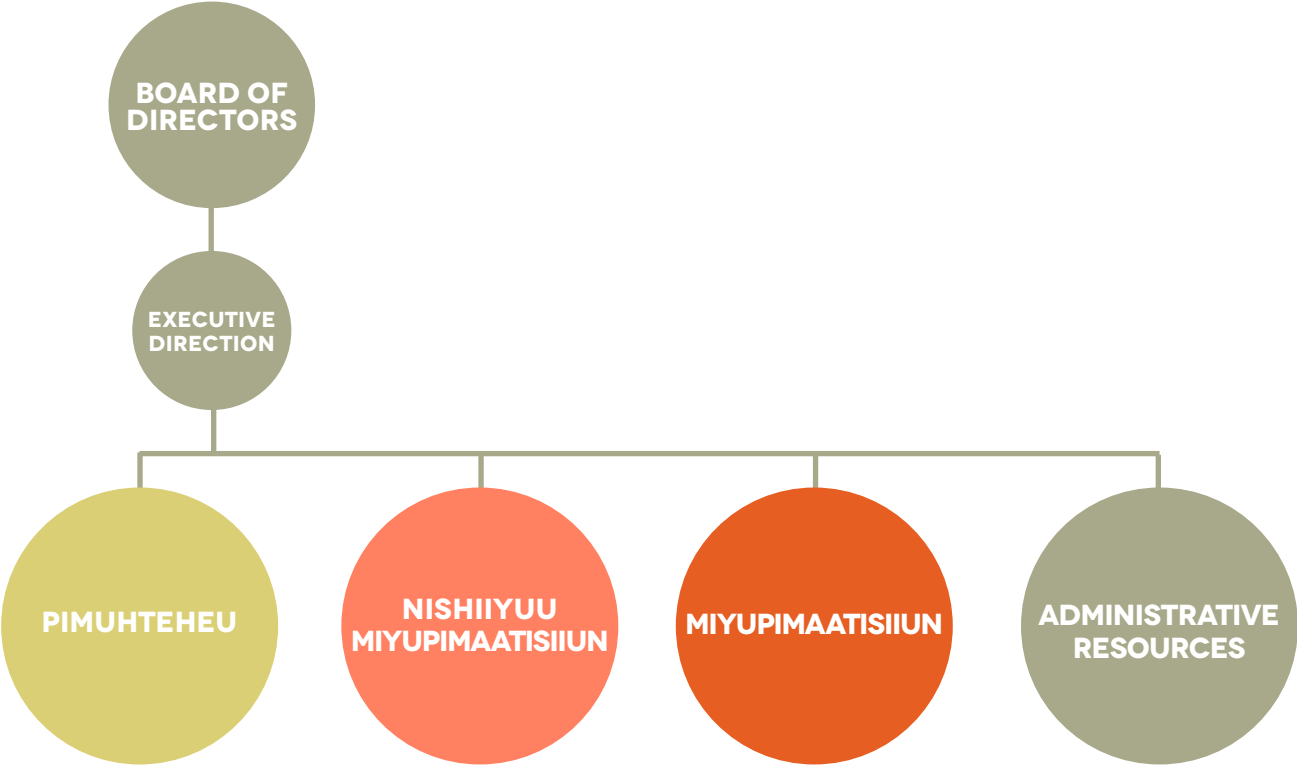


Miyupimaatisiun Group has two components: regional services under the leadership of Directors of Professional Services and Quality Assurance (DPSQAs) and the Director of Hospital Services, and nine Community Miyupimaatisiun Centres (CMCs), where community members receive services on a day to day basis. Under the new organizational structure, the Miyupimaatisiun Group has been rebalanced and a DPSQA for Midwifery has been added to the organigram.



 MIYUPIMAATISIUN

CBHSSJB ORGANIGRAM



62

- MEDICAL AFFAIRS AND SERVICES
 - MEDICINE
 - DENTISTRY
 - PHARMACY

- NURSING
- ALLIED HEALTH
- MIDWIFERY
- PSYCHOSOCIAL



- CHISASIBI HOSPITAL
 - REGIONAL CLINICAL HEALTH SERVICES
 - TELEHEALTH
- CHISASIBI EASTMAIN
 - MISTISSINI
 - NEMASKA
 - OUJÉ-BOUGOUMOU
 - WASKAGANISH
 - WASWANIP
 - WEMINDJI
 - WHAPMAGOOSTUI

MEDICAL AFFAIRS AND SERVICES

The Department of Medical Affairs and Services (DMAS), headed by Dr. François Charette, regroupes the three major clinical departments: Medicine (Regional Department of General and Specialized Medicine), Dentistry, and Pharmacy.

DEPARTMENT OF MEDICINE

The Regional Department of General and Specialized Medicine includes all family physicians and specialists working at the CBHSSJB. The Head of the Department is Dr. Carole Laforest.

STAFFING

Medical staffing continues to move towards the goal of meeting frontline clinical needs, with 25 full-time physicians (from 22 last year), 31 half-time physicians, and almost 80 locum physicians who spend on average two weeks a year on the Territory. Negotiations for specialist medical staffing resulted in 14 dedicated positions as of 2017: pediatrics (2), psychiatry (2), child psychiatry (2), internal medicine (2), gynecology/obstetrics (1), ophthalmology (1), orthopedics (1), ear, nose and throat (1), radiology (1), and nephrology (1). Five of these have been filled and the department is working to recruit the remainder and negotiating partnership agreements with relevant establishments outside the region.

The department continues to develop an integrated specialized services program within RUIS McGill to provide total coverage and ensure access to all specialist services: on-territory consultations, consultations via corridors of service, telehealth consultations, and specialist expertise in frontline personnel. Access to pediatric, psychiatric and internal medicine care is improving, and the priority is now shifting to areas such as ophthalmology. All these efforts make a significant contribution to services for Eeyou Istchee, reducing clients travel outside the region for medical care, which disrupts school, work, and family life. However, recruitment and retention remain a challenge: recruits must adapt to living and working in a remote region and a community setting very different from that in the south.

COLLABORATION

The department is pursuing strategies to improve quality of care, for which an interdisciplinary approach is essential. The medical team has worked closely with colleagues in other departments on the Therapeutic Guide, Collective Prescriptions, Palliative and End-of-Life Care, Telehealth, and standardized laboratory testing. Two major projects stand out. The return of birthing to the Territory—a longstanding vision—is becoming a reality, and the medical team supported the development of midwifery positions and is advising on how to implement this vision in a secure and culturally safe manner. Secondly, as medical staff have long recognized that the CBHSSJB's IT infrastructure is a barrier to quality care when medical information is dispersed, fragmented and difficult to access, work is underway to implement an electronic medical file system.

PRIORITIES FOR 2016-2017

The department aims to provide the best possible medical services close to home, and is committed to working with the entire CBHSSJB. A strong team of family doctors supported by specialists and an ongoing collaboration with nursing colleagues will lead to continuous improvements in care in Eeyou Istchee. In line with the Strategic Regional Plan, a major project for the coming year is to improve support to patients with chronic diseases including diabetes, kidney failure, high cholesterol and arterial hypertension; a working group is researching a regional framework for prevention and management of chronic diseases. While there is much to do, the team is optimistic about the future, and is particularly enthused by the possibilities offered by new equipment (e.g. for scanning and respiration therapy) and, eventually, the new hospital in Chisasibi.

63

DEPARTMENT OF DENTISTRY

The Department of Dentistry's mandate is to provide quality general and specialized dental services throughout the Eeyou Istchee territory. Accomplishments for the past year include revision of the NIHB guidelines, policies and procedures; the beginning of the dental assistant training program; the addition of a third permanent dentist and one team leader in Mistissini; and the revision of the rules and regulations of the dental department.

In 2016-2017, the Department of Dentistry staff treated 13,774 patients, of whom 2,833 were children nine or under; a total of 5,452 different patients were seen. For general anesthesia, 216 children were seen in Montreal. Access to dental services has improved in Mistissini, given a third dentist and improved clinic organisation with the team leader position in place. However, the Chisasibi Dental Clinic is at a critical point due to lack of space, old equipment and poor coordination processes. Access to services remains mostly on an emergency basis, without planned dental appointments.

VISITS BY DENTAL SPECIALISTS

Number of days	38
Patients seen	1,878
Average travel cost/patient	\$65.70



A major challenge for the department is recruitment: 2275 hours were not replaced in 2016-2017, representing an 11% loss in services. The Chisasibi dental clinic is in a critical state (access, organization, equipment) and, until renovations occur and housing is resolved, improvement is unlikely. An additional challenge is the continued absence of the public health dentist and the PPRO for Public Health Dentistry, which affects coordination efforts and public dental health program development. Training needs are important and available resources are limited—one of the biggest challenges for the department. Lack of proper training for support staff affects the department's capacity to provide effective dental services.

Plans for 2017-2018 include renovating the Chisasibi dental clinic, implementing the Chisasibi team leader position and third dentist position, implementing the purchasing template for dental orders, and beginning revision of the policies and procedures manual.

DENTAL CONSULTATIONS IN THE COMMUNITIES

Community	2015-2016	2016-2017
Chisasibi	3,683	3,013
Eastmain	1,352	1,026
Mistissini	4,608	3,726
Nemaska	762	529
Oujé-Bougoumou	813	665
Waskaganish	1,604	1,383
Waswanipi	1,616	1,371
Wemindji	1,240	1,264
Whapmagoostui	1,023	797
Eeyou Istchee	16,701	13,774
Children 0-9	3,177	2,833

DEPARTMENT OF PHARMACY

Anh Nguyen joined the CBHSSJB as Head of the Department of Pharmacy in January 2017. As a pharmacist, she is an experienced manager with a passion for improving pharmacy services. There are no private pharmacies in Eeyou Istchee; all medication is dispensed by the CBHSSJB, and most medication costs are covered by the Cree Non-Insured Health Benefits (CNIHB).

Ms Nguyen foresees reorganization and hiring of additional staff in the pharmacy units in most of the communities. The department aims to expand training for pharmacy technicians—positions mainly staffed by members of the local community. In this effort, the department is partnering with Human Resources to recruit high quality candidates who are committed to serving their community with diligence and professionalism. Once the department is at full strength, the issue of how to expand hours of service in Chisasibi and Mistissini will be explored.

The quantity and complexity of dispensed medication is increasing all the time, demanding great vigilance on the part of pharmacists and their assistants in order to avoid errors. To improve efficiency and security, the department is working to acquire a software tool better adapted to the CBHSSJB's needs: a tool that is designed for an institutional setting as opposed to a commercial one. The department also hopes to have 'Dispill' blister pack technology available in all communities, a system which packages medication into clearly labelled sheets of detachable blister packs.

The number one priority and overriding goal of the department is to ensure all medically necessary medications are available and that they are dispensed in a secure manner.

NURSING (DPSQA-HEALTH)

The CBHSSJB has experienced several changes since summer 2016, beginning with the new organigram structure which saw several team players moving to DPSQA-Health, including employees from Prevention and Control of Infections and Risk Management. Additionally, the DPSQA-Health mandate was modified to align with the provincial mandate and to ensure quality and accessibility of frontline services—a process requiring different partners within the organization to harmonize practices and offer services as a continuum of care. As a result, the DPSQA-Health is now referred to as the Director of Professional Services and Quality Assurance-Health (and not the Director of Nursing), and includes different frontline workers such as CHRs.

DPSQA-Health now counts on the support of six nurse counsellors working hard to improve the quality of services offered to the Eeyou Istchee population, and responsible for competency, chronic illnesses, wound care, administrative support, and training. Although each counsellor has a specific mandate, all work as a team to cover various files that emerge according to the needs of the organization. One such counsellor is the CBHSSJB’s first full-time nurse practitioner in primary care, and part of her mandate is the integration of nurse practitioners into our communities. A short-term goal is to integrate nurse practitioners in Chisasibi within the framework of the new CMC-hospital plan. We were also fortunate to have the temporary support of a nurse practitioner in nephrology as consultant for the Cree Renal Program and a specialized mental health nurse to work on some of our mental health files.

The 2016 annual training of CBHSSJB nurses was held in Montreal in November. Once again, nurses attended key workshops to increase overall knowledge in health and renew certification in trauma and emergency care, with a special emphasis on collective prescriptions this year. Presentations and workshops in areas such as depression (linking diabetes and depression), midwifery, telehealth and cultural safety were held. Training was very successful, with 109 dedicated health professionals learning many new skills. The first annual training for CHRs will take place in the next fiscal year.

February 17th, 2017 marked the first official general assembly of the Council of Nurses, with four members elected according to the Council’s adopted bylaws, and the creation of the first Executive Committee.

We continue to support Cree nurses through an integration program. Seven received support through a two-year preceptorship program, with four successfully completing the program and now part of the CBHSSJB nursing team.

Finally, collaboration with multiple partners towards the stability of the nursing workforce has seen the ongoing analysis of the needs and structure of the local nursing teams, the result of which will ensure quality service to our clientele.

Pulmonary function testing equipment used by Respiratory Therapy



ALLIED HEALTH

Allied Health includes many different professionals: nutritionists, occupational therapists, physical therapists, speech-language pathologists, psychoeducators, psychologists, psychotherapists and, for the first time, respiratory therapists. We also work closely with rehab monitors and education monitors who are essential partners in our work.

It has been another year of tremendous growth for Allied Health Services, with projects started to implement best practices in dementia care, and training of, and investment in, rehabilitation monitors. The pool in Chisasibi is now fully adapted to enable participation of individuals with reduced mobility.

In addition to the development of on-Territory respiratory therapy services, we have also embarked on a needs assessment to determine steps towards an on-Territory clinical pathway for Audiology. We are growing the speech therapy services and referral corridors, and collaborating closely with rehab services offered by Regional Disability (Special Needs) Services to provide as much care as possible close to home. We are also growing the permanent team of psychologists (up to four now), hoping this will help stabilize and enhance the psychosocial and emotional support provided to individuals and families in Eeyou Istchee. Nutrition has also had an extremely successful year. A big achievement was the joint Cree Nation Government–CBHSSJB “Call to Action to Improve Access to Nutritious Foods in Eeyou Istchee”, which calls on the two entities to work together to make healthy and nutritious foods more affordable and accessible in the region.

ALLIED HEALTH: HOURS OF SERVICE PROVIDED

Community	Nutritionists	Physio-therapists	Occupational Therapists	Psycho-educators	Speech and Language Pathologists	Total 2016-2017	Variation
Chisasibi	1,004	1,747	1,148	702	473	5,074	13.0%
Eastmain	423	-	261	-	40	724	709.8%
Mistissini	945	337	1,465	879	189	3,815	3.6%
Nemaska	-	111	-	-	32	143	-63.1%
Oujé-Bougoumou	255	746	365	312	37	1,715	14.4%
Waskaganish	342	626	-	-	1	969	-105.7%
Waswanipi	770	752	1,046	613	34	3,215	125.0%
Wemindji	401	999	571	-	58	2,029	-20.8%
Whapmagoostui	179	36	62	-	1	278	-42.0%
Eeyou Istchee	4,319	5,355	4,918	2,506	865	17,963	5.6%

PSYCHOSOCIAL

68

After a six-year vacancy, DPSQA-Psychosocial has been filled by Doreen Perreault, as has the position of Planning and Programming Research Officer. With a mandate similar to Medical, Health and Allied Health, the focus is on frontline social services provided by community workers, HR officers and social workers, ensuring that quality services are accessible and meet the population’s needs. In this first year, the Director visited all nine communities, introducing the mandate and hearing from CMC workers and managers about the strengths and challenges of delivering social services—an important step in identifying local and regional priorities.

Often physical and mental health issues are intertwined with social issues, hence the importance of assessing the social context of users and providing support to them and their families. Priorities include access to appropriate psychosocial evaluation within the framework of the person of full age protection plan, with some temporary solutions occurring locally. Steps are being taken towards innovative solutions for after-hours emergency social services, as well as towards access to social services for hemodialysis patients in Montreal, in collaboration with Wiichiituuwin.

To ensure quality service, all frontline social staff must complete training: six modules of Psychosocial Child and Family Intervention as well as the Charlie Training Program. The Mental Health Department provides excellent training during the year to psychosocial workers, and staff benefit from the Douglas Mental Health University Institute’s Visio Training. Continuous and improved training is important. Chisasibi’s psychosocial team received extra training on confidentiality and record-keeping, and sessions in other communities will take place in the coming year. Next year will see a first regional meeting, with professional training for all social workers and HR officers as well monthly conference calls to address the need for support.

Record keeping has been identified as a top priority in ensuring appropriate quality, continuity of services and respect of users’ rights, with new record keeping standards of practice. Consultation on the “S5-placement policy” took place, both toward an official policy and also to ensure these exceptional measures are part of social interventions that empower users and families. Continuity remains important in ensuring that social services are well integrated within each local interdisciplinary team, that frontline services are connected to Youth Protection, and that users sent outside communities are receiving appropriate care when returning home. Policies, protocols and tools have been drafted, especially regarding referrals between disciplines, and links with Youth Protection and suicidal crisis intervention.

CBHSSJB has been represented on two national coordination tables (general social services, support to elderly) and, in light of the new governmental action plan to combat elder abuse, a regional coordinator will soon be hired. Communication with the Professional Order of Social Workers (OPTSTCFQ), notably to advocate for Eeyou Istchee, is ongoing. To ensure social services representation within the CBHSSJB, a Multidisciplinary Council with DPSQA-Allied Health will be created with a specific committee on social services.

The social services provider in Val-d’Or is always good. She has the high potential to help and resolve any problem. She has a good job. She’s on time to help in time of needs.

—Narcisa Fernando, talking about Annie Langevin, Social Worker at Wibiichituwin in Val-d’Or

69

My role as a SW can be challenging, as I balance between coaching/ accompanying the psychosocial team (NNADAP and Community workers), and providing quality services within a multi-disciplinary team. I appreciate working for Crees because of their welcoming nature, motivation and openness to work in collaboration with newcomers. Likewise, as an immigrant of African descent, I bring local/international, life experiences, and an awareness on different point of views with a high level of patience.

—Rosemary Thomas Social Worker at the clinic in Mistissini



CHISASIBI HOSPITAL

The Chisasibi Hospital has made great efforts to develop its regional mission, serving the whole population of Eeyou Istchee. The hospital has seen important changes in the past year, beginning with the appointment of Philippe Lubino as Director of Hospital Services in April 2016. The hospital has also welcomed six new permanent doctors to the team, allowing for the Medical Department to structure specific doctors responsible for specific departments or units.

NURSING

The nursing team worked hard throughout the year to update protocols, actively participating in the review of emergency plans and staff training for those plans. The simulations were appreciated by nursing staff, given the collaboration with Chisasibi CMC and the identification of areas for improvement.

CHISASIBI REGIONAL HOSPITAL

Activities	2015-2016	2016-2017	Variation
Admissions	678	790	16.5%
Hospitalization days	5,480	6,568	19.9%
Transfers to other health centres	N/A	123	N/A
Deaths	10	7	-30.0%
Average stay in acute care (days)	8	6	21.3%
Bed occupation rate	64.0%	64.3%	0.4%
Clinic consultations	18,461	16,274	-11.8%
Specialist consultations	2,478	2,506	1.1%
Observation hours	4,268	6,113	43.2%
Radiology technical units	136,881	162,093	18.4%
Laboratory tests	229,195	249,648	8.9%
Dialysis treatments	2,617	2,443	-6.6%
Pre-dialysis	198	210	6.1%

EMERGENCY MEASURES

It was a very busy year with the hospital participating in three simulations: code orange (disaster or mass casualties), code red (fire), and code green (hospital evacuation, which was a community evacuation). The code orange simulation involved a plane crash scenario with 18 casualties, testing the hospital’s ability to triage and provide medical assistance to a large number of casualties at once.

HEMODIALYSIS

The Hemodialysis Department received new hemodialysis machines like those at Montreal General’s referral centre and the other satellite unit in Mistissini. The department facilitates training and harmonization of practices between all units. Chairing the Cree Renal Health Committee, the Director of Hospital Services focused on a holistic approach towards renal health with the goal of developing an integrated renal care program.

LABORATORY

After the recruitment of an Assistant Laboratory Head, Maryse Gionet, Coordinator of Clinical Services, finalized the regionalization of laboratories under the leadership of the hospital to maintain coherent, quality and efficient services across the territory. She continued to work with the MSSS on the province-wide Optilab project.

RADIOLOGY

Two medical imaging technologists are being certified to autonomously perform obstetrical ultrasounds without supervision of an obstetrician or a radiologist, allowing more pregnant women to be seen in Chisasibi, not flown to Val-d’Or.

PHARMACY

The arrival of pharmacist Guillaume Kuate Fotso and the new Head of Pharmacy, Anh Nguyen, has energized the hospital pharmacy. Despite numerous challenges, the dedicated team worked hard to improve services, with encouraging results showing towards year end.

ARCHIVE

The archivists team enforced a regional-level vision of services through increased collaboration, sharing of experiences and practices, and a first annual meeting in Chisasibi in January, which led to a regional action plan. The plan highlights steps necessary for the second phase of the Master Patient Index (MPI) under the leadership of the archive team, as well as the standardization of user files. Locally, the team integrated a new archivist, Maude Beauséjour, increased opening hours, and redesigned the work area with space provided by management—increasing productivity and motivation.

AUXILIARY SERVICES

This year’s focus has been on the housekeeping team, who received MSSS hygiene salubrity training—an important step in meeting MSSS guidelines to improve management and prevention of infection risks.

WIICHIHIITUWIN CHISASIBI

With the development of Telehealth services and the increase in visiting specialists in Chisasibi, the number of client arrivals at the hospital increased by 23%. This trend should continue in the coming year, given the expansion of specialized services at the hospital.

NISHIYUU MIYUPIMAATISIUN

The management team recognizes the cultural component of the hospital, respecting the sensibilities and beliefs of everyone. Cultural safety training has been integrated into the nurses’ annual two-week training. Last summer, a Shaputuan was built on hospital premises in collaboration with the Nishiiyuu Miyupimaatisiun department and the Cree Nation of Chisasibi. Wheelchair accessible, it gave the patients an opportunity to reconnect with their roots, enjoy traditional food and not feel confined to the hospital. The Shaputuan is also intended to be a safe place of intercultural collaboration; indeed, the Maanuuhikuu department helped plan a cultural and history event for all staff. Sage smudging rituals were also performed at the hospital upon patient request.



Preparation for the inauguration of a new Shaputuan at the Chisasibi Regional Hospital

SPECIALIZED SERVICES

Specialized services are the regional services within the Miyupimaatisiun Department which take care of the coordination, implementation and the delivery of specialized services, which include Telehealth services.

Co-managed by the DMAS and the Director of Chisasibi hospital, the vision of Specialized Services is to provide second and tertiary line services to the population more efficiently, closer to their community and at the right moment. In terms of structure, a new Coordinator of Specialized Services will be hired. Additional resources will also be provided to the communities as visiting specialists require space and human resources to support their visits.

Working closely with the MSSS, the DMAS managed to obtain new specialist positions dedicated to our region. Therefore, our family physicians will have a better support from the specialists, more visiting specialists will be on the territory, and more telehealth services will be developed. Overall this will lead to fewer patients having to travel for services outside the territory.

APSS (PRIORITIZED ACCESS TO SPECIALIZED SERVICES)

The MSSS introduced at the end of 2016 the APSS, which is a new way of organizing specialized services for the whole province of Quebec. The goal is to centralize requests, to better define and harmonize their priority and to direct them to the correct specialist. While the overall implementation has been challenging across the province, our region has managed to introduce the new MSSS forms and to put in place the resources to ensure their processing. The APSS started with a phase one of only 9 specialities. We will need to continue the hard work in the future as phases 2 and 3 will include 17 new specialities.

TELEHEALTH

Telehealth continued its steady development. This year, admin supports have been hired and trained in the 6 communities where visioconference is accessible (Waswanipi, Oujé-Bougoumou, Mistissini, Nemaska, Wemindji and Chisasbi).

A new telehealth speciality has started in Chisasibi: Internal medicine. On top of their regular on-site visits, two internists, Drs Patrick Willemot and Romina Pace, started to offer consultations through telehealth which allows them to provide more services and more regular follow-ups, and also makes their physical visits more efficient (focusing on clients who don't meet the criteria for telehealth).

TeleDermatology has been used in all communities. This speciality has a lot of potential as it is simple, easy and very efficient. During a regular consultation with the client, with the client's approval, the family physician just needs to take pictures of the skin and send them to the MUHC dermatology department. All the process is confidential and secured as we use MSSS approved software. The specialist's report is received on average within two weeks.



Community Telehealth Officers (CTO) with Chisasibi Hospital Director Philippe Lubino. From left to right: Julianna Neeposh (Mistissini), Sheena Napash (Oujé-Bougoumou), Leona Shem, Crystal Mianscum (Waswanipi)



75

4
equipment.



CHISASIBI
4,693

AWASH 0–9 ¹	995	▼	0.7%
USCHINIICHISUU 10–29	1,696	▲	1.8%
CHISHAAYIYUU 30+	2,002	▲	2.1%
TOTAL²	4,693	▲	1.4%

MEDICAL EVACUATIONS

EMERGENCY	–
SCHEDULED	–

CURRENT SERVICES³

DOCTORS (PGM & CLINIC)	3,804
------------------------	-------

AWASH³

NURSE (PGM, INCL. VACC.)	2,491
CHR (INDIVIDUAL)	486
CHR (GROUPS)	983
COMMUNITY WORKER	191
SCHOOL NURSE (INCL. VACC.)	270

USCHINIICHISUU³

NURSE (PGM & CURATIVE)	982
CHR (INDIVIDUAL)	1,644
CHR (GROUPS)	932
COMMUNITY WORKER	784
SOCIAL WORKER	–
SCHOOL SOCIAL WORKER (IND.)	42
NNADAP WORKER	488

CHISHAAYIYUU³

NURSE (PGM)	6,860
FOOTCARE NURSE	–
CHR (INDIVIDUAL)	644
CHR (GROUPS)	88
COMMUNITY WORKER	2,540
SOCIAL WORKER	–
HEMOCARE (NO. OF CLIENTS)	–
MSDC (ATTENDANCE)	453
MSDC (MEALS SERVED)	2,926

The Chisasibi CMC’s upcoming move to a larger location will allow it to enhance services and share resources, as Awash, Uschiniichisuu and Chishaayiyuu will be under the same roof. The new Clinical Coordination and Integration Committee, bringing together local management and medical teams, has set an initial goal of increasing communication between management and staff, in order to help the organization deliver patient-centered, evidence-based services within a culture of continuous improvement.

The **Awash** unit welcomed 89 new babies this year, and four new nurses; it will also be hiring a social worker to fill a vacancy. Awash continues with the Â Mashkûpimâtsît Awash (AMA) integrated approach, including the very successful Waspishun Baby Wrap project. The team supports Monthly Activities Calendars for the CHRs and AMA Training in clinical and psychosocial intervention for Awash staff. It also assists the community organizer in developing community focus groups and sharing information with other stakeholders.

“Our local health conference in January, an initiative of Clarence Snowboy’s, received feedback on services from the community, which we used in our budget planning projections. Involving the community really gave added meaning to our work,” says local director Jeannie Pelletier, who also points to two more initiatives building collaborations. “The Awash AMA program helped to integrate teams, and is a catalyst changing how workers connect, manage conflicts, and manage responsibilities. And the Clinical Coordination and Integration Committee will increase communication between management and clinical teams. With the Nishiiyuu Department leading this movement, we are seeing a cultural shift. Exciting and creative service delivery opportunities lie before us.”



Jeannie Pelletier
Interim Local Director
Chisasibi CMC

The **Uschiniichisuu** unit’s major success came with the Uschiniichisuu Clinic’s launch, in August 2016, and the hiring of a new clinic nurse. A community worker was hired under the development resources plan, as were two CHRs. The Chisasibi Elementary School sealants application program screened 217 grades 1-3 students for dental sealants, provided sealants to 85 students, and referred 59 to the dental clinic. The Uschiniichisuu nutritionist was involved in 57 activities and 240 interventions.

The **Chishaayiyuu** unit received a new coordinator in May and a mental health nurse was hired in July. With more than 200 clients receiving foot care, the CMC launched a foot care clinic to be held every two months; in February, a home care nurse began providing foot care to HCCP clients. Two nurses – including a team leader – were hired for the Chronic Disease Clinic, starting in April 2017.

The **Administration** unit hired a Chishaayiyuu coordinator in May, giving the CMC a full team. In February, though, the Local Director was assigned elsewhere, so the Awash coordinator has become the interim Local Director.

Once the move to the old arena is complete, the unit aims to fill all vacant CMC positions; lack of office space is currently limiting the capacity to fulfill services and meet all the community needs. Staff will also benefit from better working conditions and a healthier work environment.

Masters of Our Own Health Conference, Chisasibi



1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 and 2015 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 288 Inuit, Métis and/or non-aboriginals.
3. In Chisasibi, many clinical services are offered at the hospital. See page 70.



EASTMAIN
803

AWASH 0–9 ¹	195	▲	4.6%
USCHINIICHISUU 10–29	262	▼	1.5%
CHISHAAYIYUU 30+	346	▲	4.3%
TOTAL²	803	▲	3.9%

MEDICAL EVACUATIONS

EMERGENCY	41
SCHEDULED	694

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	1,037
VISITING SPECIALISTS	115
OTHER	0
NURSE (WALK-IN CLINIC)	9,415
NURSE (REFILLS)	3,233
NURSE (CLINICAL LAB TESTS)	985

AWASH

NURSE (PGM, INCL. VACC.)	976
CHR (INDIVIDUAL)	385
CHR (GROUPS)	–
COMMUNITY WORKER	114
SOCIAL WORKER	99

USCHINIICHISUU

NURSE (PGM)	917
CHR (INDIVIDUAL)	198
CHR (GROUPS)	–
COMMUNITY WORKER	183
SOCIAL WORKER	665
NNADAP WORKER	–

CHISHAAYIYUU

NURSE (PGM & CURATIVE)	–
FOOTCARE NURSE	98
CHR (INDIVIDUAL)	933
CHR (GROUPS)	–
COMMUNITY WORKER	118
SOCIAL WORKER	488
HEMOCARE (NO. OF CLIENTS)	–
MSDC (ATTENDANCE)	762
MSDC (MEALS SERVED)	762

The Eastmain CMC saw a number of important hires in the past year, including professionals, Chishaayiyuu/Current Services nurses, CHRs, a maintenance worker and a general aide worker. The move just over a year ago to stay open during lunch hours has improved access to services.

The **Awash/Uschinniichisuu** team continues to develop and encourage participation in community programs. The Awash team, which welcomed twenty new babies last year, addresses healthy living for children, youth and families through evening programming and in clinic teachings on health eating and lifestyles. The community workers and social worker have created a strong team to work with those seeking assistance with personal, family or social issues. Despite a turnover in staff, the unit remains committed to promoting healthy lifestyles and healthy choices, and will continue its focus on building relationships with the community entities with which we share clientele.

“Our social services have really developed this past year,” says Rita Gilpin, local director of the Eastmain CMC. “Our nutritionist had been working with a lot of individuals, and still does individual counselling, but she has also worked with our Chishaayiyuu CHR to develop a program of community workshops on preparing healthy meals and maintaining healthy lifestyles for families.”



Rita Gilpin
Local Director
Eastmain CMC

The **Chishaayiyuu/Current Services** unit has filled all nursing positions; a new development position for a diabetes clinical nurse posted in March 2016 remains to be filled. Two part-time doctors service the community’s medical needs. The CMC’s extended hours have increased access to services, and the Nutritionist has been developing family-oriented programs such as one in healthy cooking.

Teleophthalmology screening continues; two trained staff members screened 57 patients this past year. One nurse has received training to support teleophthalmology, and the other permanent nurses will receive training in the coming year. The HCCP recently hired a home care nurse to support the program’s 18 clients; the MSDC has 14 ongoing clients, and a new physiotherapist is arriving in spring 2017.

The **Administration** unit’s coordinator position has been vacant for two years, with the position’s responsibilities being carried out by the other two coordinators in collaboration with the local director, and with assistance of the Material Resources Department in Chisasibi. One transit had renovations and new furniture purchased. The community is still experiencing a lack of housing units and transits, and equipment storage space is urgently needed.

Eastmain CHRs Daisy Gilpin-Cheezo and Edna Mark-Stewart



1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 and 2015 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 30 Inuit, Métis and/or non-aboriginals.



MISTISSINI
3,763

AWASH 0–9 ¹	709	▼	2.9%
USCHINIICHISUU 10–29	1,355	▲	2.7%
CHISHAAYIYUU 30+	1,699	▲	1.1%
TOTAL²	3,763	▲	0.9%

MEDICAL EVACUATIONS

EMERGENCY	277
SCHEDULED	105

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	7,531
ENT	66
OTHER	369
NURSE (WALK-IN CLINIC)	15,326
NURSE (REFILLS)	–
NURSE (CLINICAL LAB TESTS)	76,630
RADIOLOGY	4,294
HEMODIALYSIS	2,468

AWASH

NURSE (PGM, INCL. VACC.)	2,958
CHR (INDIVIDUAL)	1,264
CHR (GROUPS)	–
COMMUNITY WORKER	565
SOCIAL WORKER	998

CHISHAAYIYUU

NURSE (PGM & CURATIVE)	10,057
FOOTCARE NURSE	722
CHR (INDIVIDUAL)	2,428
CHR (GROUPS)	–
COMMUNITY WORKER	512
SOCIAL WORKER	458
HEMOCARE (NO. OF CLIENTS)	761
MSDC (ATTENDANCE)	1,279
MSDC (MEALS SERVED)	1,279

Statistics for Uschiniichisuu are not available for this community this year.

This past year **Current Services** operated he-
modialysis units six days a week, thus increas-
ing dialysis sessions by 30% over last year (in-
cluding 13 emergency treatments). The walk-in
clinic saw an 8.6% decrease in clients, largely
because blood tests are no longer counted in
this statistic; a pilot project added an evening
and night shift to give better services, with an
average of eight patients being seen over these
shifts. Many patients come for skin problems,
so in the coming year we will prioritize the
prevention of these. We also plan to extend the
opening hours (8 am to 8 pm), while continuing
to offer quality services.

The **Awash** unit provides services in maternal
and child health. Its integrated services, offered
through Â Mashkûpimâtsît Awash, support
new mothers and families, and last year Mistis-
sini was blessed with 82 infants. The birthing
project was reactivated and, in collaboration
with Nishiiyuu, a local committee was formed
to support it. Awash workers facilitated the sec-
ond σ"ÇÐŃâŃŃ° Nihtaautinaaushuu College
in collaboration with Head Start, and a Special
Needs Support Group was formed to assist
parents of children with special needs. Both
groups promote health and preventive strate-
gies, offering support and information on child
development and parenting skills.

1. The 0-4 age group (a) is underestimated since newborns are
often registered late in the JBNQA beneficiary list; and (b) has
been corrected using the MSSS 2010-2013 births (+ 2014 and
2015 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 120 Inuit, Métis and/or non-aboriginals.

“This year we are starting to see plans made by the
previous director, Yionna Wesley, grow and evolve,”
says Taria Matoush, local director in Mistissini. “One
big improvement for patients is that we are starting
to implement specialized care, with specialists in
ophthalmology, psychiatry, psychology, general
surgery and other areas visiting to care for patients
here. In addition, we used to pull nurses from
Awash or Uschiniichisuu if Current Services or
Chishaayiiyuu were running low, but now we have
stabilized nursing services in all units.”

The **Uschiniichisuu** unit has hired a mental
health nurse and a community worker. Increas-
ing requests for treatment programs also sug-
gest a need for more prevention and awareness
initiatives on drug and alcohol use, but this
is impossible with only one NNADAP worker.
The hiring of Uschiniichisuu and school social
workers bolstered support to the social ser-
vices team, and collaboration with the school
and other entities enabled activities such as the
Family Challenge. Regular clinical meetings and
team meetings were established to encourage
multidisciplinary collaboration and ensure con-
tinuity and quality of care for clients. The team
anticipates many exciting challenges in the new
year, including the Baby College and the Ac-
cess program, and will be developing ways to
reach out to youth.

This year the **Chishaayiiyuu** unit managed
to increase services for its clientele with no
additional resources. It offered clinics in tele-
retinopathy and visits with specialists while
continuing to provide quality care.

The HCCP faced many challenges, includ-
ing complex chronic diseases and increasing
demands for palliative care, which require on-
going multi-disciplinary collaborations across
entities. The MSDC hosted daily activities for
elderly and special needs participants. Un-
fortunately, no field trips were possible as no
adapted vehicle was available. The West Lake
Hockey School visited the MSDC to skate with
participants at the Complex, and the Aanis-
chaaukamikw Cree Cultural Heritage Institute
sent three employees to work with the elderly
participants, who shared stories with them.

Matthew Coon Come welcomes walkers on Cancer Awareness Journey





NEMASKA
801

MEDICAL EVACUATIONS

EMERGENCY	61
SCHEDULED	637

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	1,438
VISITING SPECIALISTS	132
OTHER	401
NURSE (WALK-IN CLINIC)	8,427
NURSE (REFILLS)	2,422
NURSE (CLINICAL LAB TESTS)	693

AWASH

NURSE (PGM, INCL. VACC.)	612
CHR (INDIVIDUAL)	424
CHR (GROUPS)	136
COMMUNITY WORKER	284
SOCIAL WORKER	–

USCHINIICHISUU

NURSE (PGM, INCL. VACC.)	386
CHR (INDIVIDUAL)	–
CHR (GROUPS)	–
COMMUNITY WORKER	–
SOCIAL WORKER	–
NNADAP WORKER	90

CHISHAAYIYUU

NURSE (PGM & CURATIVE)	269
FOOTCARE NURSE	344
CHR (INDIVIDUAL)	1,559
CHR (GROUPS)	21
COMMUNITY WORKER	354
SOCIAL WORKER	–
HEMECARE (NO. OF CLIENTS)	–
MSDC (ATTENDANCE)	212
MSDC (MEALS SERVED)	1,699

AWASH 0–9 ¹	153	▼	7.3%
USCHINIICHISUU 10–29	277	▲	3.7%
CHISHAAYIYUU 30+	371	▲	1.9%
TOTAL²	801	▲	0.6%

Nemaska’s **Awash/Uschinichisuu** unit welcomed 24 newborns this year. The Awash nurse retired in July after many years, and a replacement has been hired. Minimizing turnover of staff for youth remains challenging but the hiring of a replacement-hour school/Uschinichisuu nurse should provide stability. Working with Public Health, our school nurse completely updated the centralized immunization records, and the team aims to ensure all children are following their vaccination schedules. The HR officer, serving as the interim coordinator of this unit, has worked to reunify psycho-social files, provide clinical guidance to frontline staff, and implement a fully revised procedure for referrals to psycho-social and mental health services.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 and 2015 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 50 Inuit, Métis and/or non-aboriginals.

The Nemaska CMC confronted major, unanticipated changes this past year when three of four managers left for various reasons in June. “So we need to establish some stability with permanent managers, because right now all our managers are interim,” says Linda Orr, the CMC’s interim local director. “Fortunately, we have been able to work together and establish some solid teamwork, making sure that our services continue for the community.”



Linda Orr
Interim Local Director
Nemaska CMC

The **Chishaayiyuu/Current Services** unit’s nursing team has remained stable, with only one resignation; this vacant role has been transformed into an “Assistant to the Immediate Supervisor” position, which should be filled soon. A community telehealth officer was hired in January, increasing video-conference consultations with specialists and reducing patient travel. Telehealth consultations will increase further in the coming year as services are developed regionally and locally. The nutritionist returned from parental leave, and, with Awash CHRs, held workshops at the MSDC, daycare, school and community events. The community is taking greater advantage of the CMC being open during lunch hours; currently the CMC takes walk-in consultations 36 hours per week.

Both **Chishaayiyuu** CHRs completed one-month intensive training with the diabetes educators in February. We have a full-time and a part-time physician, with the part-time physician providing regular continuing education sessions to nurses and increasing consultations with patients. A child psychiatrist made a first visit in December and will visit bi-annually. A mental health nurse joined in June as part of the Mental Health Pilot Project, and collaborates with the psychologist (visiting monthly for the past year) and the visiting psychiatrist and child psychiatrist. The CMC is without an ophthalmologist, is recruiting a physiotherapist, and is sharing an occupational therapist with Oujé-Bougoumou. Limited housing remains an issue, delaying the posting of positions.

The HCCP’s client caseload is small and stable. For the third year, the team organized an overnight fishing trip to Smokey Hill in Waskaganish. The MSDC receives 2-10 clients daily, and efforts are underway to increase attendance.

Priorities include hiring a full-time physiotherapist. Nursing services are needed on the Old Nemaska traditional site during the annual gathering in July; we were unable to provide them in 2016 but are planning to send staff in 2017.

The **Administration** unit’s coordinator was named the CMC local director (interim) in June. Five positions were filled this past year, and several remain to fill. Other highlights this past year include a new housekeeping FT position created through Development Funds and a new vehicle to transport clients to and from the airport and Chibougamau.

National Nursing Week, Nemaska





Oujé-Bougoumou
845

AWASH 0–9 ¹	188	▼	7.8%
USCHINIICHISUU 10–29	316	▲	5.0%
CHISHAAYYUU 30+	341	▲	0.8%
TOTAL²	845	▲	0.2%

84

MEDICAL EVACUATIONS

EMERGENCY	–
SCHEDULED	–

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	1,187
VISITING SPECIALISTS	49
OTHER	–
NURSE (WALK-IN CLINIC)	7,247
NURSE (REFILLS)	2,537
NURSE (CLINICAL LAB TESTS)	722

CHISHAAYYUU

NURSE (PGM & CURATIVE)	336
FOOTCARE NURSE	76
CHR (INDIVIDUAL)	–
CHR (GROUPS)	0
COMMUNITY WORKER	156
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	–
MSDC (ATTENDANCE)	453
MSDC (MEALS SERVED)	870

Statistics for Awash and Uschiniichisuu are not available for this community this year.

The **Awash/Uschiniichisuu** unit provides support for pregnant women, children, youth, young families, clients with special needs, and clients with addictions. Interventions are provided through prenatal and postpartum follow ups, home visits, and walk-ins at the CMC. Additional support is provided through promotion and prevention group activities, which include (among others) prenatal classes, regional breastfeeding week, a diabetes awareness campaign, screening activities, community outreach, and a swimming rehabilitation program for clients with special needs. This year the unit hired a new Awash nurse and a school/Uschiniichisuu nurse.

Community partnerships are essential to the success of many programs, including the Eenou Awash Piimaatsiwin College, which was introduced for the first time in the community. This program, which helps parents enhance their parenting skills, had seven successful graduates. Other programs engaging with our community partners include Suicide Prevention Month, Special Needs Camps, Angel Tree (a Christmas activity for children), IAMP (Iiyuu Ahtaawin Miyupimaatsiun Planning), Mental Health First Aid and AIDS HIV Awareness.

1. The 0–4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010–2013 births (+ 2014 and 2015 estimates) and 2010–2014 MSSS deaths numbers.
2. Does not include 90 Inuit, Métis and/or non-aboriginals.

“We have had a lot of vacant positions because of a lack of office space and housing, but we have now secured lease agreements with the Oujé-Bougoumou Cree Nation and we’re able to fill positions,” says Louise Wapachee, local director (since May 2017) of the Oujé-Bougoumou CMC. “In addition, more and more our Awash/Uschiniichisuu and Chishaayyuu/Current Services units are working together, maximizing benefits by sharing resources.”

The **Chishaayyuu/Current Services** unit has benefited from having stable nursing staff, with two nurses always available to address the needs of clients, perform refills, and support laboratory work, Chishaayyuu programs, and urgent transfers by ambulance to Chibougamau. Since May 2016 the team has also had an Assistant Immediate Superior, who also provides assistance when needed. A telehealth technician started in September, and the unit is in the process of hiring a community health nurse; after this nurse has been in place for several months, we will be able to re-evaluate if this position is needed in current services.

As usual, our professionals, including the nutritionist, dental hygienist, psychoeducator, physiotherapist, CHRs, nurses & part-time occupational therapist, are involved in conducting many activities during the year, such as the “Drop the Pop” challenge, Diabetes Month, a booth at Annual General Assembly, and school & multi-service day centre (MSDC) cooking classes.

The MSDC team provides activities three days a week but is planning to increase this to five days. The Home & Community Care Program (HCCP) clientele is stable.

The **Administration** unit dealt with management and space challenges this past year. For most of the past fiscal year Janie Wapachee served as interim local director of the Oujé-Bougoumou CMC while also maintaining her position as coordinator of Awash/Uschiniichisuu; Louise Wapachee was hired as the local director of the CMC starting April 10, 2017. The personnel plan this year included new positions for a PPRO (Nishiiyuu), a community worker, an “attendant in a northern establishment,” and an Awash clinical nurse. The unit experienced challenges in filling much-needed positions because of the lack of CMC office spaces and of housing for the new positions. However, eight additional housing units and secure office space has been acquired on a two-year lease of two CBHSSJB-owned trailers to be relocated from Mistissini to Oujé-Bougoumou. The new fiscal year will also see the CMC assume responsibility for the First Responders team, formerly under the auspices of the Oujé-Bougoumou Cree Nation.

85



WASKAGANISH
2,398

AWASH 0–9 ¹	533	0.0%
USCHINIICHISUU 10–29	874	▲ 1.1%
CHISHAAYIYUU 30+	991	▲ 1.4%
TOTAL²	2,398	▲ 1.0%

MEDICAL EVACUATIONS

EMERGENCY	121
SCHEDULED	2,316

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	3,394
VISITING SPECIALISTS	410
OTHER	249
NURSE (WALK-IN CLINIC)	15,598
NURSE (REFILLS)	4,818
NURSE (CLINICAL LAB TESTS)	1,612
DENTAL HYGIENIST	1,421

AWASH

NURSE (PGM & CURATIVE)	2,691
CHR (INDIVIDUAL)	1,433
CHR (GROUPS)	51
COMMUNITY WORKER	–
SOCIAL WORKER	–

USCHINIICHISUU

NURSE (PGM)	–
CHR (INDIVIDUAL)	–
CHR (GROUPS)	–
COMMUNITY WORKER	–
SOCIAL WORKER	–
NNADAP WORKER	451

CHISHAAYIYUU

NURSE (CURATIVE)	–
FOOTCARE NURSE	498
CHR (INDIVIDUAL)	1,111
CHR (GROUPS)	–
COMMUNITY WORKER	1,788
SOCIAL WORKER	–
HEMOCARE (NO. OF CLIENTS)	3,957
MSDC (ATTENDANCE)	2,492
MSDC (MEALS SERVED)	2,455

This past year Waskaganish’s **Awash/Uschinniichisuu** unit welcomed 69 new babies; the team of Awash nurses, CHRs and community workers strives to provide the best care to pregnant women and families.

This past school year, the replacement school nurse and Uschinniichisuu CHR created the first list of students identified with allergies, conducted training on how to use an epi-pen, and shared critical information with teachers. Also, for the first time, an optometrist saw elementary students at the school.

The team maintains a strong relationship with Child and Family Services to provide group activities, including parenting classes and baby-bundle workshops for pregnant women.

The CMC has been involved in diagnosing Fetal Alcohol Spectrum Disorder (FASD) among younger children, with support and assistance from the local school and the Regional Special Needs Services. Attending to high risk pregnancies, individuals and families demands additional nurses and community workers, especially to address unhealthy lifestyles choices. The NNADAP worker has experienced a big increase in his caseloads providing counseling and supporting individuals wanting to quit alcohol and drugs, which is a positive indication

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 and 2015 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 25 Inuit, Métis and/or non-aboriginals.

“We’re stuck in a building that is not big enough and is used to its fullest, so we’re trying our darnedest to provide the best services we can with what we have, but we need to improve a lot,” says Bert Blackned, local director in Waskaganish. “For instance, we don’t have mental health services, because we don’t have the office space to provide them. So we’re working to bring in some trailers to address this problem and enable us to maximize our services.”



Bert Blackned
Local Director Waskaganish
CMC

as people are seeking help. A community organizer was hired in January 2017, a great addition to the team. We also hope to add an Awash nurse and much-needed additional community workers, and look forward to increased office space and more housing units.

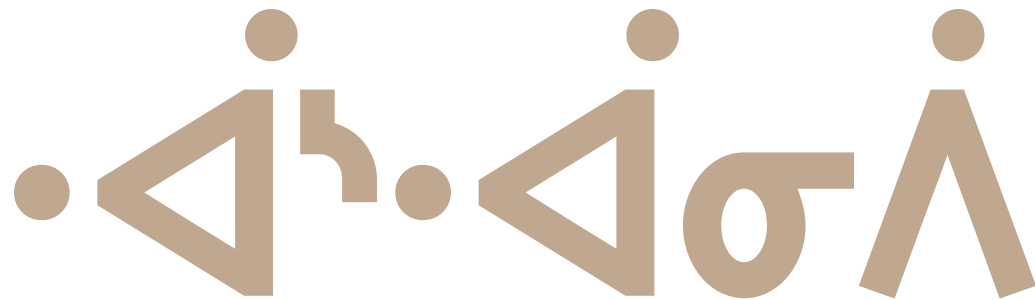
The **Chishaayiyuu/Current Services** unit is a multi-disciplinary team aiming to provide the best possible health care to Waskaganish and to foster miyupimaatisiun.

The nursing team was once again in transition, and due to a lack of housing some positions cannot be filled. The team completed necessary tasks by using PDSAs, but has inadequate staffing to carry out many prevention activities. The CMC has been unable to secure a pharmacy technician, so the nursing team spent an average of 60 hours/week dispensing medications in the pharmacy.

The HCCP and MSDC staff are stabilizing and programs are meeting client needs. Professional Services experienced many staff maternity and sick leaves, but the team ensured that necessary services were provided. The physiotherapist’s and nutritionist’s programs were well received by the community.

Priorities include securing adequate housing and office space to accommodate the positions on the current organogram, and then filling mental health and midwifery positions. It is especially important to hire a pharmacy technician (or two). All staff will undergo training in CPR, Basic First Aid and PDSB. The multi-disciplinary team will institute problem-solving techniques into their daily practice, and will continue to meet quarterly with the management team.

The **Administration** unit includes Finance, Material Resources, Human Resources and Information Technology. This year, employees working in food service took training in “Food Safety and Hygiene for Food Handler,” while managers took the “Food Service Administrator Course.” Priorities involve attracting recall workers and ensuring training for our permanent and recall employees. We must also address the shortage of housing; the new units being built will help us to deliver the health care services our community needs.



WASWANIPi
1,978

AWASH 0–9 ¹	422	▲	0.2%
USCHINIICHISUU 10–29	753	▲	1.8%
CHISHAAYIYUU 30+	803	▲	1.0%
TOTAL²	1,978	▲	1.1%

MEDICAL EVACUATIONS

EMERGENCY	105
SCHEDULED	1

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	2,585
VISITING SPECIALISTS	206
OTHER (FOOTCARE)	172
NURSE (WALK-IN CLINIC)	9,027
NURSE (REFILLS)	5,856
NURSE (CLINICAL LAB TESTS)	1,944

AWASH

NURSE (PGM & CURATIVE)	112
CHR (INDIVIDUAL)	840
CHR (GROUPS)	–
COMMUNITY WORKER	429
SOCIAL WORKER	–
SCHOOL NURSE (INCL.VACCINATIONS)	1,491

USCHINIICHISUU

NURSE (CURATIVE)	657
CHR (INDIVIDUAL)	803
CHR (GROUPS)	–
COMMUNITY WORKER	317
SCHOOL SOCIAL WORKER	–
NNADAP WORKER	–
COMMUNITY WORKER (ADDICTIONS)	183

CHISHAAYIYUU

NURSE (PGM)	–
FOOTCARE NURSE	–
CHR (INDIVIDUAL)	–
CHR (GROUPS)	1,737
COMMUNITY WORKER	650
SOCIAL WORKER	–
HEMOCARE (NO. OF CLIENTS)	513
MSDC (ATTENDANCE)	1,383
MSDC (MEALS SERVED)	5,209

Solidifying the local management group, a priority from last year, was achieved with the hiring of a Coordinator of Administration in June. The CMC also filled development positions and worked closely with the Waswanipi First Nation to better the lives of community residents. Since August the CMC has had a permanent local doctor, and she plans to create and lead a multi-disciplinary team to address chronic diseases and diabetes. The liaison nurse and chronic disease nurse positions have been approved and three CHR positions will also be filled; these new permanent positions will help clients with chronic diseases and diabetes. The CMC assisted in Waswanipi’s second annual health fair, the community organizer working with Waswanipi First Nation staff to ensure a successful event.

1. The 0–4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010–2013 births (+ 2014 and 2015 estimates) and 2010–2014 MSSS deaths numbers.
2. Does not include 30 Inuit, Métis and/or non-aboriginals.

“We may have the only multi-service day centre catering to youth,” says local director Alan Moar. “We have two youth groups. One group has about ten youth experiencing social and behavioral problems at school—they come once a week for activities with our staff. In March our psychotherapist organized a treasure hunt in the community for them, which was a huge success, and now other communities have been asking about it. The second group, youth with special needs, have a range of activities with all our professionals. For example, the nutritionist organized cooking classes for them in the winter months. This has been a highlight for us, and we’ll continue collaboration with the school for these groups.”



Alan Moar
Local Director
Waswanipi CMC

The **Awash/Uschiniichisuu** unit welcomed 49 new infants this year; the unit collaborates with Niishyuu to support programs and services, such as providing Wapsooyan/Niishyuu Baby Bundles. The school nurse has given students vaccinations and STD prevention information sessions, and youth STD and pregnancy rates have decreased. A school social worker has yet to be hired. A senior CHR provides orientations to other CHRs on various subjects, and front-line workers were given many training opportunities.

The **Current/Chishaayiyuu** unit has a significant turnover among nursing staff. However, two nurses now provide foot care service, and CHRs offer 3–5 days of tele-ophthalmology services monthly. A tuberculosis case was diagnosed and monitored this past year, with the CMC working closely with Public Health to treat the patient. The MSDC continues to support traditional teachings and now provides services and programs to special needs clients and school students at risk. The HCCP continues to build, with two homecare workers hired; more clients are expected to receive HCCP services in the near future. The pharmacy is facing challenges and needs support to ensure secure services for the community.

In June the **Administration** unit received a new coordinator, whose human resources experience has helped with HR issues. However, the ability to fill all positions is limited by insufficient housing and transits. The team, in collaboration with the regional office, provided services and support for the Air Shuttle, offering transportation the Chibougamau Hospital and the airport for clients travelling to Val-d’Or and Montreal.

Priorities for the coming year include hiring all new development positions. Six units are to be constructed in Waswanipi to meet housing needs. A central CMC and MSDC appointment centre is in the process of being established. The CMC will support the physician in developing and maintaining a multi-disciplinary team to address chronic diseases and diabetes. We will also continue to support the new Waswanipi-based Inland Women’s Shelter, Robin’s Nest.



WEMINDJI
1,539

AWASH 0–9 ¹	304	▼	5.6%
USCHINIICHISUU 10–29	500	▲	2.7%
CHISHAAYYUU 30+	735	▲	1.7%
TOTAL²	1,539	▲	0.5%

MEDICAL EVACUATIONS

EMERGENCY	110
SCHEDULED	1,067

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	1,908
VISITING SPECIALISTS	205
OTHER	0
NURSE (WALK-IN CLINIC)	5,686
NURSE (REFILLS)	3,489
NURSE (CLINICAL LAB TESTS)	1,641

AWASH

NURSE (PGM & CURATIVE)	1,345
CHR (INDIVIDUAL)	861
CHR (GROUPS)	6
COMMUNITY WORKER	66
SOCIAL WORKER	0

USCHINIICHISUU

NURSE (CURATIVE & PGM)	0
CHR (INDIVIDUAL)	3,643
CHR (GROUPS)	70
COMMUNITY WORKER	88
SOCIAL WORKER	272
NNADAP WORKER	0
COMMUNITY WORKER (ADDICTIONS)	0

CHISHAAYYUU

NURSE (PGM & CURATIVE)	934
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	230
CHR (GROUPS)	5
COMMUNITY WORKER	318
SOCIAL WORKER	0
HEMECARE (NO. OF CLIENTS)	324
MSDC (ATTENDANCE)	21,281
MSDC (MEALS SERVED)	21,281

Wemindji Willie Matches Memorial CMC

Wemindji’s **Awash** unit continues to thrive under the Æ Mashkûpimâtsît Awash (AMA) program, piloted by the Wemindji CMC in 2008, and this year the community welcomed 30 new babies. We also received encouraging results of the AMA evaluation from the CHB, showing that services are reaching most families in Wemindji. The program’s impact is reflected in the increased number of fathers attending appointments with their children and partners. While some components need improving, with AMA we are building services that support healthy children and families.

The **Uschiniichisuu** unit collaborates with community partners and other allied professionals to promote healthy living and prevent illness. Priorities for this year are to maintain relationships with partners and to continue planning for the implementation of the Youth Clinic. The team will continue working with the school to ensure specific student concerns are addressed. Other areas of interest include reinforcing the skills of parents with preschool children and addressing drug and alcohol use in sexually active youths. Our NNADAP worker hosted the 20th Annual Cree Addictions Awareness Conference from September 19-22, 2017 in collaboration with other regional NNADAP workers.

1. The 0–4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010–2013 births (+ 2014 and 2015 estimates) and 2010–2014 MSSS deaths numbers.
2. Does not include 55 Inuit, Métis and/or non-aboriginals.

“Last July we had a water shortage crisis that lasted over a month, and it really brought together the whole community,” says Mary Shashaweskum, interim local director of Wemindji’s Willie Matches Memorial Miyupimaatisiun Centre. “We worked closely with other entities and the band to keep functioning. And it connected well with the Emergency Planning training we received in January.”

The **Chishaayiyuu/Current Services** has undergone changes with the posting of new development positions. The HCCP nurse was reassigned to help assess and suggest improvements to our administrative and clinical services. We continue to take advantage of staff training opportunities: nurses attended the annual two-week training in Montreal, the local Awash trainer gave refresher training on CPR and CMDSA, four new nurses had CMDSA training in Val-d’Or, a community worker received PCFI training, and two CWs attended the Basic Trauma Informed Approaches training in Chisasibi and Mistissini. In addition, we trained two CHRs in teleophthalmology, and the MSDC and HCCP workers in moving clients safely.

Turnover in the nursing staff required us to hire nurses from the recall list and agencies. A community telehealth officer was hired in November 2016.

The **Administrative Unit** has been without a Coordinator since Mary Shashaweskum was reassigned as interim local director in July 2015. She continues to oversee the department with the assistance of colleagues.

A water shortage crisis in summer 2016 lasted over a month, closing the clinic’s non-essential services. In January, the Current/Chishayiyuu coordinator and the local director attended a session on Emergency Planning to better prepare in case of an emergency in the community.

The final report regarding radon devices installed in May was reviewed with Public Health in November. Several locations had higher than recommended radon levels, so remedial measures are planned for summer 2017.

The unit at 13 Porcupine Road was renovated as a transit. We are receiving seven new housing units and aim to have them operational this year, as they will enable us to post all vacant and development positions.

Wemindji CHRs: LaurieAnn Georgekish, Elizabeth Shashaweskum, Geneva Shashaweskum, Julianna Kakabat and Carol Sashaweskum





WHAPMAGOOSTUI
990

AWASH 0–9 ¹	190	▲	2.2%
USCHINIICHISUU 10–29	394	▲	1.5%
CHISHAAYIYUU 30+	406	▲	1.0%
TOTAL²	990	▲	1.4%

Statistics are not available for this community this year.

Whapmagoostui CMC is searching for a new permanent local director since the departure of John George in summer 2016. Josephine Sheshamush served as the interim local director from last summer until March 2017, with Charlotte Kawapit Pepabano, interim coordinator of the Administration unit, acting as interim local director from the end of Ms. Sheshamush’s period until May 15, 2017, when Patricia George began as the new interim local director.

The **Awash/Uschiniichisuu** unit received a new interim coordinator, Angelique Laberge, in February 2017, as the coordinator has been on sick leave since April 2016. The team consists of community workers, nurses, a social worker, an NNADAP worker, a human resources officer, and a community organizer, in addition to visiting general and specialist physicians and other professionals. A new social worker joined the team in January. The community workers evaluate the cases of physical, emotional and mental abuses, provide counselling services, and if necessary recommend further psychological or psychiatric services. The NNADAP educates the public on substance abuse and its dangers, and is involved in the care and support for those seeking assistance for their addictions.

1. The 0–4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010–2013 births (+ 2014 and 2015 estimates) and 2010–2014 MSSS deaths numbers.
2. Does not include 65 Inuit, Métis and/or non-aboriginals.

“The renovation of a four-plex unit, completed in February, brought it up to standard and gives us more housing to support our professionals,” says Charlotte Kawapit Pepabano, interim local director of the Whapmagoostui CMC. “Two units are housing our new social worker and the school nurse, and the other two units are for our doctor and visiting physicians and student doctors.”

The **Current Services/Chishaayiyuu** unit consists of physicians, nurses, physiotherapists, occupational therapists, CHRs, community workers and social workers. The medical staff provides medical care and collaborates in administrating preventive, diagnostic and therapeutic care. The community and social workers offer individual, family and or marital counselling where supportive assistance is required to maintain healthy relationships and to improve the quality of life for families. The CHRs offer additional support to patients, especially those with diabetes. They also provided public awareness and disease prevention programs through media – mainly radio – and school visits, and distributed bush kits, gluco-meters, and pamphlets containing essential information about certain illnesses. A nurse-sharing pilot project last year saw two nurses share one position in Current Services and the HCCP program.

The **Administration** unit received a new interim coordinator, Charlotte Kawapit Pepabano, in September. The unit has been working to address the housing shortage, and has signed an agreement with the Co-op Hotel to house professionals. In addition, a four-plex apartment was renovated to accommodate employees. While the community will receive a new CMC building, a temporary solution to the problem of insufficient office space must be found. To this end, four trailer units are being converted into additional office space.

The IT team is upgrading the network speed, installing new cabling that will enable the CMC to merge with the phone system used by the rest of the CBHSSJB. Whapmagoostui remains the only community without a fibre optic connection, which would improve telehealth and visio-conference connections.

Whapmagoostui artist Natasia Mukash created this image for Awash programs; it will be used for maternal and child health materials.

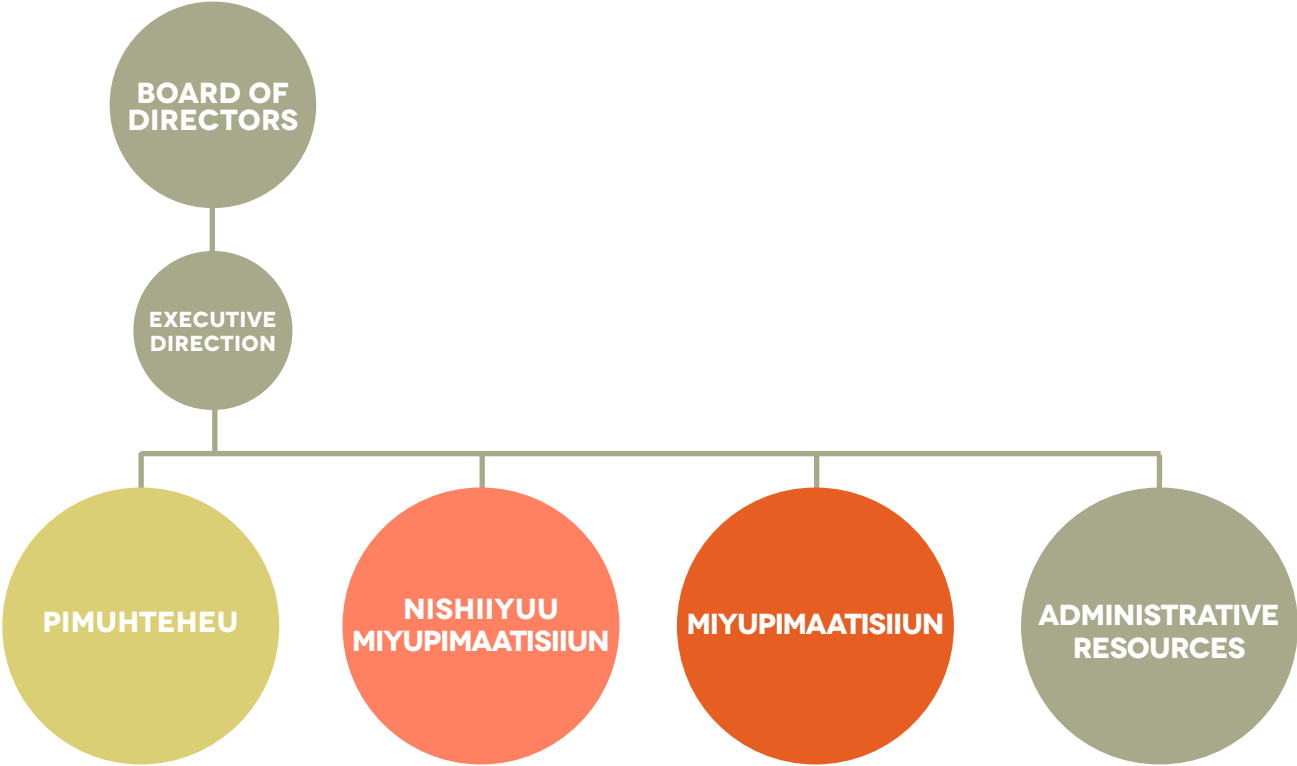




95

ADMINISTRATIVE RESOURCES

CBHSSJB ORGANIGRAM



- HUMAN RESOURCES
- FINANCIAL RESOURCES
- INFORMATION TECHNOLOGY RESOURCES
- MATERIAL RESOURCES
- WIICHIIITUWIN (FORMERLY CREE PATIENT SERVICES)
 - CHISASIBI
 - VAL-D'OR
 - CHIBOUGAMAU
 - MONTREAL

HUMAN RESOURCES

This compilation of reports and data of the Administrative Services Group is the product of the efforts of the whole team throughout the year. The information in this chapter is an accurate synthesis of the accomplishments of the teams and contains validated performance indicators. I extend my sincere thanks to all the employees for their engagement. Their hard work is essential to the fulfilment of our mandate.

Liliane Groleau, Interim Assistant Executive Director

STAFFING

The staffing unit redoubled its efforts and restructured in order to meet demand. A senior Staffing Advisor and two team leaders were brought in to improve efficiency. Of the current 2,244 employees, the unit recruited 460 new people, an increase of 36% in hiring compared to last year. There are still 360 vacancies to fill; however, many new positions can only be filled as and when office space, housing and budget become available.

HR is pursuing a strategy of workforce stabilization: over 150 temporary positions are being made permanent. This process will have a positive effect on employee retention and recruitment and will help teams to improve the quality, continuity and accessibility of services.

New development funds from the Ministry of Health and Social Services of Québec (MSSS) will help the organization directly improve services. All new positions authorized by the Ministry last year are now being staffed. As of March 31, 2017, more than \$3.5 million was added to the operational budget thanks to these development positions. This process is ongoing, and through it existing teams are being consolidated.



CBHSSJB booth at the National Job Fair, Place Bonaventure, Montreal, October 13-14, 2016

The *Virtuo GPRH Project Phase 2* is in progress, and consists mainly of finetuning HR processes and deploying the application to the managers. Communications will be sent to managers regarding deployment and training.

Human Resources management recognizes that the creation of a strong and stable workforce plays an important strategic role in the development of the CBHSSJB and its capacity to offer quality care. These values are at the core of its mission now and in the future.

OCCUPATIONAL HEALTH AND SAFETY

In 2016, the Occupational Health and Safety unit put in place an annual prevention plan to support managers in the creation of a safe environment for their teams. Two communities were inspected by the new Prevention Officer, and recommendations for improvement were implemented. The inspection and improvement of the remaining communities will be complete by summer 2017. Great attention is paid to helping employees on leave due to occupational injury return to work. A toolkit was created to help managers and employees deal with medical, maternity and CSST related situations.

HUMAN RESOURCES DEVELOPMENT

The HRD team supported over 200 training activities for a total cost of \$1.2 million. 500 employees and managers were trained, and a training plan aligned with the CBHSSJB strategic orientations was approved for 2017-2018. In addition, a unit dedicated to organizational development was created. A workplan for this unit is currently being developed.

CREE SUCCESSION PLAN

The Cree Succession Plan, approved and put in place in fall 2015, enables JBNQA Beneficiary employees who show management potential to bridge educational and skills gaps in order to qualify for management positions. Thanks to the Plan and a partnership with McGill University, the CBHSSJB is helping employees reach personal goals while developing the next generation of Cree leaders. 22 employees are pursuing an undergraduate certificate and 15 employees are studying for a graduate certificate—a total of 37 employees. Three cohorts will graduate in the Fall of 2019, and more employees will be invited to apply in fall 2017.

STATUS OF HUMAN RESOURCES, 2016–2017

	2015-2016	2016-2017	% variation
Full-time managers	77	83	7.8%
Part-time managers	0	0	0%
Managers in employment stability	1	1	0%
Full-time regular employees	979	954	-2.6%
Part-time regular employees	66	72	9.0%
Employees in job security	0	0	0%
Occasional employees (number of hours)	440,650	400,490	-9.1%
Occasional employees (full-time equivalent)	240	220	-8.3%

COMPENSATION AND BENEFITS AND LABOUR RELATIONS

Human Resources created a Compensation and Benefits unit, staffed by Advisor for Compensation and Benefits, Solange Charlebois, and Employee and Labour Relations Coordinator, Sandra Bolduc.

The Labour Relations Unit advises managers and employees on collective agreements and meets regularly with both the nurses’ union FIQ and the CSN, the union to which the majority of non-management employees belong. The local matters negotiations begin in the coming months. Of the 54 ongoing CSN grievances, nine were withdrawn and one settled. There are two outstanding FIQ grievances.

FINANCIAL RESOURCES

The Financial Resources team led by Denis Tremblay has continued to improve thanks to the hiring of very experienced new people. The department’s methods of financial reporting and data analysis are now more efficient and faster. At the end of the fiscal year a new software was installed that will streamline the process of budgeting and year-round financial tracking.

The Department put in place new procedures for tracking the financial aspect of projects undertaken by the Material Resources Department. These new procedures will also be used in other sectors of the organization, such as IT and new housing unit construction.

In line with its goal of reducing the use of paper cheques, Accounts Payable increased the proportion of payments made through electronic transfer by 5%, for a total of 38% of all payments.

Other notable accomplishments for the past year include:

- The hiring of an Administrative Process Specialist providing user training and assistance with the Material Resources portion of Virtuo.
- Ongoing community visits to facilitate department ordering processes and reorganization of stock reserves.
- Conversion of the majority of Virtuo users to electronic requisitions for inventory and special order products.
- Continued efforts to maximize the tendering process and also augment group purchasing savings.



INFORMATION TECHNOLOGY RESOURCES

The IT Department welcomed new Coordinator Francois Bérubé and other additions to technical and administrative positions. With Mr. Bérubé’s diligence and customer service oriented leadership, services have steadily improved in both timeliness and quality. The funding agreement between the MSSS and CBHSSJB is ready for signature by the Cree Nation Government/CBHSSJB and the MSSS. Notwithstanding, the MSSS has reimbursed \$1.7M for expenses incurred for IT projects from 2013-2015, bringing the total reimbursed amount to approximately \$4M from 2012-2015. The Executive Direction has committed to supporting IT projects for the coming fiscal year pending agreement completion.

OPERATIONS

The IT Helpdesk experienced a sharp increase in service requests and incidents during the 3rd and 4th quarters of the 2017 fiscal year. At times, the number of concurrent calls overwhelmed the telephone lines in service and temporary measures had to be implemented pending a permanent solution planned for later in the year. Additionally, user growth due to HR’s accelerated recruitment efforts increased the number of users and devices, proportionately contributing to increases in services requests, incidents, and IT operating costs.



The Network Operations Centre now provides IT with “real-time” information and early warnings when components have failed or are about to fail, monitoring both physical infrastructure and applications.

ACCOMPLISHMENTS

- Replacement of all 250 Windows XP PCs;
- Upgrade of all Windows 2003 servers to 2012;
- Replacement of 400 hardware SecureID tokens (jetons) with software versions;
- Implementation of centralized security monitoring station in Chisasibi;
- VoIP (telephony) integration North and South;
- Wemindji network and telephony replacement;
- Mistissini public health infrastructure installation and move;
- Chisasibi Youth Protection infrastructure installation and move;
- Montreal HR, HRD, Public Health, Espresso Hotel infrastructure installation and move;
- Whapmagoostui infrastructure replacement;
- Montreal & Mistissini WiFi pilot;
- Nemaska & Oujé-Bougoumou cellular signal booster installation;
- IT Asset Management system;
- IT Network Operations Centre system;
- Centralized management of application licensing and maintenance;
- Spearheading formation of representative workgroups to participate in MSSS and inter-regional meetings and efforts.

ONGOING AND NEW PROJECTS

Whapmagoostui network improvements (Phases 2 and 3):

- Bell Megalink services between Chisasibi and Whapmagoostui;
- Replacement of telephone system with VoIP integrated to CBHSSJB network;
- Quality of services implementation for Tele-Health, Radiology, Laboratory, and VoIP;
- Implementation of WiFi to provide wireless communications indoors and out;
- new office space infrastructure installation and move.

Oujé-Bougoumou:

- Infrastructure replacement;
- New office space infrastructure installation and move.

Chisasibi:

- Telephony infrastructure replacement;
- Redundant computer room installation and move;
- Administration and CMC move.

Waskaganish:

- New office space infrastructure installation and move;
- Women Shelter infrastructure installation;
- Fiber optic connection.

Waswanipi: Robin’s Nest (Women Shelter) infrastructure installation.

Eastmain: fiber optic connection.

Mistissini: Youth Detention Facility infrastructure consulting (design), installation.

OBJECTIVES

The IT department will continue improving service quality by further streamlining and standardizing processes and practices, while continuing to work closely with all CBHSSJB departments to better support them in the quality improvement objectives and goals outlined in the Strategic Regional Plan.



MATERIAL RESOURCES

The Material Resources Department’s objective is to create the best possible environment for clinical and administrative departments in order to dispense services to our Eeyou/Eenou clients. The department maintains 47 clinical and administrative buildings and 443 housing units, with the addition of the construction of women’s shelters in Waswanipi, Waskaganish and the Youth Custody Centre in Mistissini.

Accomplishments in Chisasibi include:

- Renovation of living unit F2-8;
- Creation of a Wiichihiituwin lounge at the airport;
- Relocation of local youth protection from 500 Wiishkichaansh to 12 Maamuu;
- Completed installation of new hospital generator;
- Cold porches on Matthew Sam Road;
- Ceiling in storeroom.

Mistissini saw the relocation of Public Health, general administration and Pimuhteheu department to a new building built by the CNM; the renovation of 392 Mistissini Blvd, 11 living units (Phase 1) and renovation and corrected drainage problem of 13 Blazzo; and the refurbishment of ventilation and security systems at the reception centre. In Eastmain, there were renovations to 149 and 164 Shabow and 14 Netaochekin, and the sale of the old clinic to the community was finalised. 12 and 14 Whapew were renovated in Nemaska. 204A&B and 206 A&B Opemiska, and the server room at the Healing Centre were renovated in Oujé-Bougoumou, and the condensation problem was corrected as well.

In Waskaganish, planning for additional space required by the CMC to dispense service took place, and a study on installing A/C units at the CMC was outsourced. A women’s shelter in Waswanapi was built by the Cree Nation Government for the CBHSSJB and, in Wemindji, 13 Porcupine was renovated and training on Radon Remediation Methods took place. In Whapmagoostui, 14 Whapmakw fourplex was renovated.

In Montreal, three departments were moved to the new location at 1055 René-Lévesque: HR, Public Health and Wiichihiituwin. And regionally, 40% of buildings were audited for major renovation requirements, bringing the total to 70% including last year.

For non-medical equipment, 11 vehicles including ambulances and adapted buses were replaced, as was Human Resources furniture. Wiitchituwin, Public Health and Pimeutheu departments were also replaced. Medical equipment was replaced through in the amount of \$995,582.24.

Quebec Ministry standard training for health and hygiene was provided for two communities: Chisasibi and Whapmagoostui. Chisasibi Hospital employees were the priority (13 trainees, September 5-6, 2016), followed by Chisasibi CMC and Regional Building employees (8 trainees, November 29-30, 2016), and Whapmagoostui CMC employees (2 employees, March 28-29, 2017), for a total of 23 employees.

The MRD took over biomedical services, hiring a biomedical engineering specialist. A specialized clinical medical equipment working group was put in place to ensure purchases meet organization needs. The Project Management Office was started, and an engineer hired to support the Capital project team. A position was created to assume the responsibilities of the RORC (person responsible for ensuring contracts are compliant with Treasury Board Secretary regulations). Cree Building Services Technicians were hired.

OBJECTIVES

- Continued renovation and maintenance of our assets;
- Support and advice to local directors on building and vehicle maintenance;
- Continued partnership with the Capital Projects Team in determining CBHSSJB needs for buildings and housing units;
- Extension of project management office services to the clinical area.

Seven communities are scheduled to receive training:

- Waskaganish CMC, May 30-31, 2017
- Nemaska CMC, June 6-7, 2017
- Mistissini CMC (Hemodialysis department), July, 2017
- Ouje-Bougoumou CMC, August 29-30, 2017
- Waswanipi CMC, September 5-6, 2017
- Eastmain CMC, October 3-4, 2017
- Wemindji CMC, October 11-12, 2017



Wiichihiituwin lounge at Chisasibi Airport

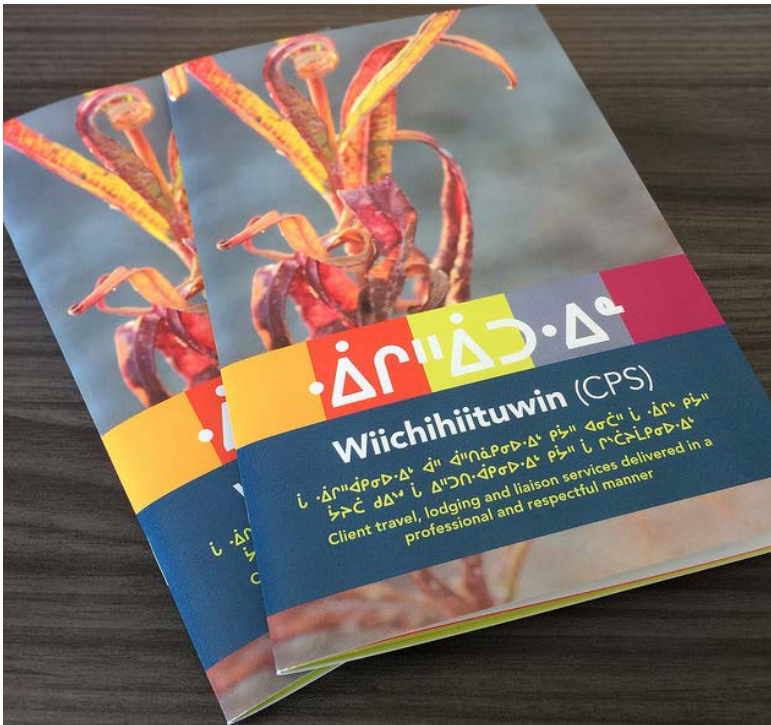
WIICHIITUWIN

In the fall a contest was held to find a new name for Cree Patient Services and *Wiichihiituwin*, which means ‘helping one another’, came into effect in December. Air charter services were expanded, with a new inland charter service launched in July, which flies five times per week between Chibougamau Airport, and Val-d’Or and Montreal. The coastal charter service flies six times a week between Robert Kanatewat Airport (Chisasibi), and Val-d’Or and Montreal.

Clients and escorts travelling to Montreal stay at the newly-renovated Espresso Hotel. Two floors of the hotel are set aside for Wiichihiituwin clients, and priority parking spaces are reserved for their vehicles. New offices for Wiichihiituwin dispatchers and other community workers were built to facilitate services. Clients also have exclusive access to a community kitchen, a spiritual room, an activity room and a new laundry room. Existing boarding homes became private lodging.

A 40-page information brochure was produced for clients and escorts, providing guidance and information on how to access Wiichihiituwin support and liaison services.

In all four points of services, there is an increase in arrivals of patients and escorts: Montreal increased by 16%, Val-d’Or by 14%, Chisasibi by 16%, and Chibougamau by 18%. 9,181 escorts have been authorized for a total of 22,283 patient arrivals. In total, 62,819 regional transportations were coordinated by this department.





6 የገንዘብ ና ልማት ሪፖርት FINANCIAL STATEMENTS

Deloitte LLP
La Tour Deloitte
1190 Avenue des
Canadiens-de-Montréal Suite 500
Montréal, Quebec H3B 0M7 Canada
Tel.: 514-393-7115
Fax: 514-390-4111
www.deloitte.ca

Report of the Independent Auditor on the Summary Financial Statements

To the members of the Board of Directors of the Cree Board of Health and Social Services of James Bay

The accompanying summary financial statements of the Board of Directors of the Cree Board of Health and Social Services of James Bay, which comprise the statement of financial position as at March 31, 2017 and statements of operations, accumulated surplus (deficit), change in the net financial assets (net debt) and cash flows for the year then ended and related notes, are derived from the audited financial statements of the Cree Board of Health and Social Services of James Bay (CBHSSJB) for the year ended March 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 14, 2017. Neither these financial statements nor the summary financial statements reflect the effect of events subsequent to the date of our report on these financial statements.

The summary financial statements do not contain all the disclosures required by Canadian Public Sector Accounting Standards. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the CBHSSJB.

Management’s responsibility for the summary financial statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Appendix 1 of circular relating to the annual management report (03.01.61.19) published by the Ministère de la Santé et des Services sociaux du Québec (MSSS).

Auditor’s responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, Engagements to Report on Summary Financial Statements.

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the CBHSSJB for the year ended March 31, 2017 are a fair summary of those financial statements, on the basis of the criteria described in Appendix 1 of the circular relating to the annual management report (03.01.61.19) published by the MSSS. However, the summary financial statements are misstated to the equivalent extent as the audited financial statements of the CBHSSJB for the year ended March 31, 2017.

The misstatement of the audited financial statements is described in our qualified opinion in our report dated June 14, 2017. Our qualified opinion is based on the fact that an amount receivable from the Ministère de la Santé et des Services sociaux du Québec (MSSS) in the amount of \$111,317,520 as at March 31, 2017 related to specific allocations for the Non-Insured Health Benefits Program could not be confirmed with the MSSS as at the date that the financial statements were issued. However, the MSSS asked the Establishment not to delete the amount receivable. Consequently, we were unable to determine whether adjustments could have been made to the amounts of MSSS grant revenue, surplus for the fiscal year and cash flows related to operating activities for the years ended March 31, 2017 and March 31, 2016, financial assets and net financial assets (net debt) as at March 31, 2017 and March 31, 2016, as well as the accumulated surplus as at April 1, 2016 and 2015 and March 31, 2017 and 2016. Consequently we expressed a modified audit opinion on the financial statements for the year ended March 31, 2016, because of the possible impact of this limitation of scope.

Our qualified audit opinion states that, except for the effects of the described matter, the audited financial statements present fairly, in all material respects, the financial position of the CBHSSJB as at March 31, 2017 and the results of its operations, the change in its net debt, its remeasurement gains and losses and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards.

[original signed]¹

June 30, 2017

¹ CPA auditor, CA, public accountancy permit no. AII0078

CBHSSJB

STATEMENT OF OPERATIONS | 31 MARCH 2017

		Budget	Operations Current Year (R.of P358 C4)	Capital assets Current Year (Note 1)	Current Year Total C2+C3	Prior Yr. Total
		1	2	3	4	5
REVENUE						
MSSS grants (FI:P408)	1	137,352,000	219,905,641	9,747,742	229,653,383	217,623,338
Government of Canada grants (FI:P294)	2		6,468,624		6,468,624	6,040,534
User contributions	3		697,771	XXXX	697,771	521,946
Sale of services and collections	4		410,854	XXXX	410,854	133,777
Donations (FI:P294)	5					72,493
Investment revenue (FI:P302)	6					
Business revenue	7					
Gain on disposal (FI:P302)	8			23,033	23,033	
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue (FI:P302)	11		655,056		655,056	1,906,998
TOTAL (L.01 to L.11)	12	137,352,000	228,137,946	9,770,775	237,908,721	226,299,086
EXPENDITURES						
Salaries, benefits and payroll taxes	13	90,336,000	116,118,841	XXXX	116,118,841	100,191,381
Medications	14		10,204,598	XXXX	10,204,598	
Blood products	15		71,963	XXXX	71,963	
Medical and surgical supplies	16	3,182,850	4,288,053	XXXX	4,288,053	2,361,824
Foodstuffs	17	703,886	691,726	XXXX	691,726	726,548
Honoraria paid to non-institutional resources	18			XXXX		
Carrying charges (FI:P325)	19	350,000	811,996	4,251,422	5,063,418	5,902,901
Maintenance and repairs, including non-capital costs related to capital assets	20	2,292,105	2,808,432		2,808,432	2,502,363
Bad debts	21			XXXX		
Rent	22	1,030,500	6,690,494	XXXX	6,690,494	5,327,099
Capital asset depreciation (FI:P422)	23		XXXX	6,269,307	6,269,307	6,141,082
Loss on disposal of capital assets (FI:P420, 421)	24		XXXX			
Transfer expenses	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Other expenditures (FI:P325)	27	39,456,659	84,575,778		84,575,778	97,375,922
TOTAL (L.13 to L.27)	28	137,352,000	226,261,881	10,520,729	236,782,610	220,529,120
SURPLUS (DEFICIT) FOR THE YEAR (L.12 - L.28)						
	29	0	1,876,065	(749,954)	1,126,111	5,769,966

Note 1: Column 3 applies to public institutions only

CBHSSJB

STATEMENT OF OPERATIONS | 31 MARCH 2017

		Budget	Main activities	Incidental Activities	Total (C2+C3)	Prior year
		1	2	3	4	5
REVENUE						
MSSS Grants (P362)	1	137,352,000	219,905,641		219,905,641	206,313,395
Government of Canada Grants (C2:P290/C3:P291)	2			6,468,624	6,468,624	6,040,534
User contributions (P301)	3		697,771	XXXX	697,771	521,946
Sales of services and collections (P320)	4		410,854	XXXX	410,854	133,777
Donations (C2:P290/C3:P291)	5					72,493
Investment revenue (P302)	6					
Business revenue (C2:P661/C3:P351)	7					
Gain on disposal (P302)	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue (P302)	11		332,425	322,631	655,056	1,906,998
TOTAL (L.01 to L.11)	12	137,352,000	221,346,691	6,791,255	228,137,946	214,989,143
EXPENDITURES						
Salaries, benefits and allowances (C2:P320/C3:P351)	13	90,336,000	111,155,534	4,963,307	116,118,841	100,191,381
Medications (P750)	14		10,204,598	XXXX	10,204,598	
Blood products	15		71,963	XXXX	71,963	
Medical and surgical supplies (P755)	16	3,182,850	4,288,053	XXXX	4,288,053	2,361,824
Foodstuffs	17	703,886	691,726	XXXX	691,726	726,548
Honoraria paid to non-institutional resources (P650)	18			XXXX		
Carrying charges (P325)	19	350,000	811,996	XXXX	811,996	435,797
Maintenance and repairs (P325)	20	2,292,105	2,808,432		2,808,432	2,502,363
Bad debts (C2:P301)	21					
Rent	22	1,030,500	6,670,039	20,455	6,690,494	5,327,099
Transfer expenses (P325)	23					
Other expenditures (P325)	24	39,456,659	82,768,285	1,807,493	84,575,778	97,375,922
TOTAL (L.13 to L.24)	25	137,352,000	219,470,626	6,791,255	226,261,881	208,920,934
SURPLUS (DEFICIT) FOR THE YEAR (L.12 - L.25)						
	26	0	1,876,065	0	1,876,065	6,068,209

CBHSSJB

STATEMENT OF ACCUMULATED SURPLUS (DEFICIT) | 31 MARCH 2017

		Operating Fund Current Year	Capital Assets Fund Current Year	Current Year Total (C1+C2)	Prior Yr. Total.
		1	2	3	4
ACCUMULATED SURPLUS (DEFICIT), BEGINNING OF YEAR, ALREADY ESTABLISHED	1	39,370,208	4,412,655	43,782,863	38,012,897
Accounting changes with prior year restatement (specify)	2				
Accounting changes without prior year restatement (specify)	3				XXXX
ACCUMULATED SURPLUS (DEFICIT), BEGINNING ADJUSTED (L.01 to L.03)	4	39,370,208	4,412,655	43,782,863	38,012,897
SURPLUS (DÉFICIT) FOR THE YEAR	5	1,876 065	(749,954)	1,126,111	5,769,966
Other changes:					
Inter-institution transfers (specify)	6				
Interfund transfers (specify)	7	(3,222,193)	3,222,193	0	
Other items applicable to private establishments under agreement(specify)	8		XXXX		
	9	XXXX	XXXX	XXXX	XXXX
TOTAL OTHER CHANGES (L.06 to L.09)	10	(3,222,193)	3,222,193		
ACCUMULATED SURPLUS (DEFICIT) END OF YEAR (L.04+ L.05 + L.10)	11	38,024,080	6,884,894	44,908,974	43,782,863
Consisting of the following:					
External restrictions	12	XXXX	XXXX		
Internal restrictions	13	XXXX	XXXX	4,927,151	4,661,673
Unallocated balance (L.11 - L.12 - L.13)	14	XXXX	XXXX	39,981,823	39,121,190
TOTAL (L.12 to L.14)	15	XXXX	XXXX	44,908,974	43,782,863

CBHSSJB

STATEMENT OF FINANCIAL POSITION | 31 MARCH 2017

	FUND	General	Capital assets	Current Year Total (C1+C2)	Prior Yr. Total.
		1	2	3	4
FINANCIAL ASSETS					
Cash on hand (overdraft)	1	3,282,730		3,282,730	7,859,204
Short-term investments	2				
Receivables - MSSS (FE:P362, FI:P408)	3	131,823,837	1,170,689	132,994,526	120,399,735
Other receivables (FE:P360, FI: P400)	4	4,594,883		4,594,883	2,558,395
Cash advances to public institutions	5	XXXX			
Interfund receivables (debts)	6	7,239,283	(7,239,283)	0	
Grant receivable (received in advance) - accounting reform (FE:P362, FI:P408)	7	5,770,765	(19,679,534)	(13,908,769)	(14,041,789)
Portfolio investments	8				
Deferred debt issuance costs	9	XXXX			
	10	XXXX	XXXX	XXXX	XXXX
	11	XXXX	XXXX	XXXX	XXXX
Other items (FE: P360, FI: P400)	12	2,333,022	1,870,857	4,203,879	4,804,634
TOTAL FINANCIAL ASSETS (L.01 to L.12)	13	155,044,520	(23,877,271)	131,167,249	121,580,179
LIABILITIES					
Short-term debts (FE: P365, FI: P403)	14	83,007,969	3,647,640	86,655,609	70,664,585
Accounts payable - MSSS (FE: P362, FI: P408)	15				
Other accounts payable and accruals (FE: P361, FI: P401)	16	20,119,251		20,119,251	25,179,516
Cash advances - decentralized envelopes	17	XXXX			
Accrued interest payable (FE: P361, FI: P401)	18	88,405	1,170,689	1,259,094	1,257,872
Deferred revenue (FE: P290 and 291, FI: P294)	19	8,126,930		8,126,930	9,026,160
	20	XXXX	XXXX	XXXX	XXXX
Long-term debts (FI: P403)	21	XXXX	103,823,790	103,823,790	105,495,185
Liability for contaminated sites (FI: P401)	22	XXXX			
Liability for employee future benefits (FE: P363)	23	7,725,764	XXXX	7,725,764	6,634,614
	24	XXXX	XXXX	XXXX	XXXX
Other items (FE: P361, FI: P401)	25	675,865	1,870,857	2,546,722	2,964,894
TOTAL LIABILITIES (L.14 - L.25)	26	119,744,184	110,512,976	230,257,160	221,222,826
NET FINANCIAL ASSETS (NET DEBT)(L.13 - L.26)	27	35,300,336	(134,390,247)	(99,089,911)	(99,642,647)
NON-FINANCIAL ASSETS					
Capital assets (FI: P423)	28	XXXX	141,275,141	141,275,141	141,387,004
Supply inventory (FE: P360)	29	1,431,429	XXXX	1,431,429	1,271,114
Prepaid expenses (FE: P360, FI: P400)	30	1,292,315		1,292,315	767,392
TOTAL NON-FINANCIAL ASSETS (L.28 to L.30)	31	2,723,744	141,275,141	143,998,885	143,425,510
SHARE CAPITAL AND CONTRIBUTED SURPLUS	32		XXXX		
ACCUMULATED SURPLUS (DEFICIT) (L.27 + L.31 - L.32)	33	38,024,080	6,884,894	44,908,974	43,782,863

Contractual obligations (pages 635-00 - 635-03) and PPP (638-01 and 638-02)

Contingencies (pages 636-01 and 636-02)

Column 2: Public institutions only

Line 06: Column 3: Amount must be equal to zero

Line 32: applicable to private institutions only

	Budget	General fund	Capital assets fund	Total - Current Year (C2+C3)	Total - Prior yr.
	1	2	3	4	5
NET FINANCIAL ASSETS (NET DEBT) BEGINNING ALREADY ESTABLISHED	1	37,331,702	(136,974,349)	(99,642,647)	(105,761,901)
Accounting changes with prior year restatement	2				
Accounting changes without prior year restatement	3				XXXX
NET FINANCIAL ASSETS (NET DEBT), BEGINNING, ADJUSTED (L.01 to L.03)	4	37,331,702	(136,974,349)	(99,642,647)	(105,761,901)
SURPLUS (DEFICIT) FOR THE YEAR (P.200, L.29)	5	1,876,065	(749,954)	1,126,111	5,769,966
VARIANCE DUE TO CAPITAL ASSETS:					
Acquisitions (FI:P421)	6	XXXX	(6,184,411)	(6,184,411)	(5,720,653)
Annual depreciation (FI:P422)	7	XXXX	6,269,307	6,269,307	6,141,082
Gain/loss on disposal of assets (FI:P208)	8	XXXX	(23,033)	(23,033)	
Proceeds of disposition (FI:P208)	9	XXXX	50,000	50,000	
Bad debts (FI:P420, 421-00)	10	XXXX			
Capital asset adjustments	11	XXXX			
	12	XXXX	XXXX	XXXX	XXXX
	13	XXXX	XXXX	XXXX	XXXX
TOTAL VARIANCE DUE TO CAPITAL ASSETS (L.06 to L.13)	14		111,863	111,863	420,429
VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES:					
Acquisition of supply inventory	15	(8,792,701)	XXXX	(8,792,701)	(1,271,114)
Acquisition of prepaid expenses	16	(1,304,515)		(1,304,515)	(767,392)
Use of supply inventory	17	8,632,386	XXXX	8,632,386	1,226,976
Use of prepaid expenses	18	779,592		779,592	740,389
TOTAL VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES (L.15 to L.18)	19	(685,238)		(685,238)	(71,141)
Other variance in accumulated surplus (deficit)	20	(3,222,193)	3,222,193	0	
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	21	(2,031,366)	2,584,102	552,736	6,119,254
NET FINANCIAL ASSETS (NET DEBT), END OF YEAR (L.04 + L.21)	22	35,300,336	(134,390,247)	(99,089,911)	(99,642,647)

	Current Year 1	Prior year 2
OPERATING ACTIVITIES		
Surplus (deficit) for the year	1126111	5769966
ITEMS NOT AFFECTING CASH FLOW:		
Provisions tied to portfolio investments and loan guarantees	2	
Supply inventory and prepaid expenses	3(685238)	(71141)
Loss (gain) on disposal of capital assets	4(23033)	
Loss (gain) on disposition of portfolio investments	5	
Amortization of deferred revenue related to capital assets:		
- Government of Canada	6	
- Other	7	
Capital asset depreciation	86269307	6141082
Capital loss	9	
Amortization of debt issue costs and management	10	
Amortization of bond premium or discount	11	
MSSS grants	12(5496320)	540999
Other (specify P297)	13	
TOTAL ITEMS NOT AFFECTING CASH FLOW (L.02 to L.13)	1464716	6610940
Changes in financial assets and liabilities related to operation	15(19262050)	(42990022)
CASH FLOW RELATED TO OPERATING ACTIVITIES (L.01 + L.14 + L.15)	16(18071223)	(30609116)
CAPITAL ASSET INVESTMENT ACTIVITIES		
Cash outflow related to capital asset purchases	17(6238180)	(4755956)
Proceeds of disposition of capital assets	1850000	
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.17 + L.18)	19(6188180)	(4755956)
INVESTMENT ACTIVITIES		
Variance of short-term investments	20	
Portfolio investments	21	
Proceeds of disposition of portfolio investments	22	
Portfolio investments	23	
CASH FLOW RELATED TO INVESTMENT ACTIVITIES (L.20 to L.23)	24	

		Current Year 1	Prior year 2
FINANCING ACTIVITIES			
Long-term debts - Debts incurred	1		1,284,517
Long-term debts - Debts repaid	2		(5,311,920)
Capitalization of discount and premium on debt instruments	3		
Variance of short-term debts - general fund	4	16,007,969	37,000,000
Short-term debts incurred - capital asset fund	5	3,674,960	
Short-term debts repaid - capital asset fund	6		(340,936)
Variance from government sinking fund	7		
Other (specify P297)	8		(50,483)
CASH FLOW RELATED TO FINANCING ACTIVITIES (L.01 to L.08)	9	19,682,929	32,581,178
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS (P.208-00, L.16 + L.19 + L.24 + P.208-01, L.09)	10	(4,576,474)	(2,783,894)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	11	7,859,204	10,643,098
CASH AND CASH EQUIVALENTS, END OF YEAR (L.10 + L.11)	12	3,282,730	7,859,204
CASH AND CASH EQUIVALENTS, END OF YEAR, INCLUDING:			
Cash on hand	13	3,282,730	7,859,204
Short-term investments	14		
TOTAL (L.13 + L.14)	15	3,282,730	7,859,204

		Current Year 1	Prior year 2
VARIANCE OF FINANCIAL ASSETS and LIABILITIES RELATED TO OPERATION:			
Receivables - MSSS	1	(13,477,928)	(47,056,918)
Other receivables	2	(2,036,488)	440,363
Cash advances to public institutions	3		
Grant receivable - accounting reform - employee future benefits	4		
Deferred debt issuance costs	5		
Other assets	6	600,755	(4,536,340)
Accounts payable - MSSS	7		
Other accounts payable and accruals	8	(4,485,993)	6,568,366
Cash advances – decentralized envelopes	9		
Accrued interest payable	10	1,222	187,923
Deferred revenue	11	(536,596)	(1,751,567)
Liability for contaminated sites	12		
Liability for employee future benefits	13	1,091,150	193,257
Other liability items	14	(418,172)	2,964,894
TOTAL VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION (L.01 to L.14)	15	(19,262,050)	(42,990,022)
OTHER INFORMATION:			
Capital asset acquisitions included in accounts payable as at March 31	16	910,928	964,697
Proceeds of disposition of capital assets included in receivables as at March 31	17		
Other items not affecting cash and cash equivalents (specify P297)	18		
Interest:			
Creditor interest (revenue)	19		
Interest received (revenue)	20		
Interest receivable (expenses)	21	5,063,418	5,902,901
Interest spent (expenses)	22	772,762	5,714,980





Follow @creehealth on Facebook, Instagram, Twitter and LinkedIn