

Annual Management Report

2016
2017

Condensed Version

Centre intégré de santé et de services sociaux de Lanaudière



Québec 

Centre intégré de santé et de services sociaux de Lanaudière

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The Year in Review: Transformation, Service Integration and Results

In 2016-2017, the Centre intégré de santé et de services sociaux (CISSS) de Lanaudière succeeded in consolidating and, most importantly, launching major projects aimed at transforming and integrating services.

Defining the framework behind the implementation of a new regional institution requires that all governing aspects be considered. It is in this perspective that the CISSS de Lanaudière turned to the expertise of its teams to develop a new and integrated vision of the services offered. As a matter of fact, all programs and departments were mainly focused on ways to ensure access to services.

Qualified and efficient physicians, managers and staff worked constantly together to reduce the wait time for services and to transform the clinical approaches in pursuit of this ultimate goal. These efforts were not wasted because the results did not disappoint.

It is also in this perspective that work with community partners continued at a commanding pace.

That said, the many ongoing projects and developments posed two major challenges for the institution: being able to recruit, train and retain qualified and available human resources and being able to respect the different financial limits established to maintain a balanced budget. These major challenges are at the heart of the institution's stability and growth and stand out as fundamental vectors at the root of clinical and administrative objectives.

There are also several imposing challenges with regard to the infrastructure development and maintenance plan, specifically. In addition to the planned construction projects, several renovations are also scheduled. At the same time, informational resources in Laval, the Laurentians and Lanaudière, which are managed by the CISSS de Lanaudière, require continuous adjustments to meet different needs and must also comply with departmental instructions and security and quality standards.

The Institution

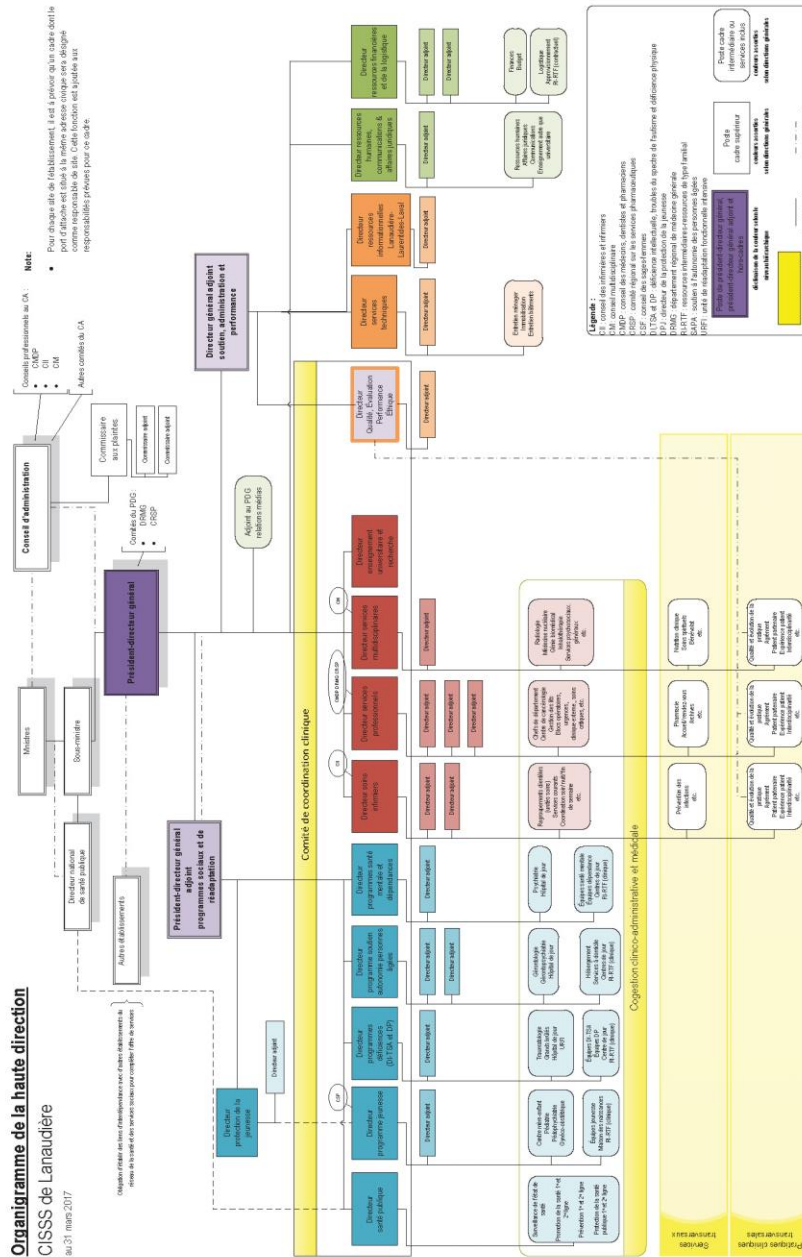
The CISSS de Lanaudière comprises 61 facilities, including 2 hospitals, located in 6 different RCMs covering an area of more than 12,000 km². Over 10,000 people share the responsibility of promoting the health and well-being of the population, of welcoming, assessing and referring people and their loved ones to the appropriate services as well as taking charge of, accompanying and supporting its vulnerable clientele. As a health institution, the CISSS must offer a range of health and social services as well as certain specialized services.

In order to fulfill their mandate, the CISSS de Lanaudière and its partners within the local services network identify: (i) the population's social and health needs in order to improve health and well-being; (ii) the service offer required to meet the population's needs and to adapt to the specific context of the region; (iii) the organizational methods; and (iv) the contributions expected from the different network partners.

Corporate Structure on March 31, 2017

Please refer to the complete organizational chart of the CISSS de Lanaudière inserted at the end of the annual report

Note: the organizational chart is available in French only.



Board of Directors

Directors

- PERREAULT, Jacques – Chairman - Independent Member – Youth protection expertise
- CASTONGUAY, Daniel - President and Chief Executive Officer
- BEAULIEU, Jean - Independent Member – Mental health expertise
- BENOÎT, Yves - Independent Member – Expertise with respect to community organizations
- BOURRET, Étienne - Independent Member – Experience as a user of social services
- BRUNET, Michel - Independent Member – Auditing, performance and quality management competency
- LANCTÔT, Marcel - Independent Member – Rehabilitation expertise
- LANGLAIS, Dr. Nathalie - Designated Member - Specialist - Council of Physicians, Dentists and Pharmacists
- NICOL, Ronald - Observer - Foundation
- PARISÉ, Ginette - Designated Member - Council of Nurses
- PERREAULT, Chantale - Independent Member - Human, property and information competency
- POITRAS, Simon - Designated Member - Multidisciplinary Council
- PRATA, Ghislaine - Independent Member – Governance and ethics competency
- PROCHETTE, Dr. Harry Max - Designated Member - General Practitioner – Regional Department of General Medicine
- PROVOST, Richard - Designated Member - Users' Committee
- THIBODEAU, Lucie - Independent Member – Risk management, finance and accounting competency
- VALLÉE, Marc - Designated Member - Regional Pharmaceutical Services Committee
- VALLÉE, Nathalie - Appointed Member - Academic Community

Two Board members left during their term of office, namely:

- BEAULIEU, Jean - Independent Member– Mental health expertise (2017-03-20)
- BENOÎT, Yves - Independent Member – Expertise with respect to community organizations (2016-11-02)

The Board of Directors held eleven meetings between April 1, 2016 and March 31, 2017.

Highlights of the Year

During the 2016-2017 fiscal year, in compliance with the financial parameters and strategic planning of the Ministry of Health and Social Services (MHSS), the CISSS de Lanaudière worked towards achieving targets set out in the management and accountability agreement by intensifying its work on user experience in terms of navigating the system and the integration of services. Its teams made serious efforts to improve access as well as to consolidate and enhance the service offer. This work was carried out with a view to transforming practices, clinical tools and work processes to improve the efficiency and relevance of services to the population.

With equity between the different regions in mind, the MHSS allocated \$10,733,000 to the Lanaudière region in 2016-2017. Furthermore, the Ministry announced major investments in support programs aimed at ensuring the autonomy of seniors, namely \$2,805,600 for additional staff in care centres, \$3,776,683 for additional places in such

centres and \$2,665,610 to improve home support services. This financial leeway allowed for increased working hours, thereby improving access to care and services.

During the entire fiscal year, the CISSS complied with budgetary attribution rules for all of its service programs. The institution implemented optimization and integration measures in order to develop the services offered to the population. It even provided full, accurate and quality accounting, an accomplishment that did not go unnoticed by the Ministry who congratulated the CISSS for its excellent work.

Finally, during the most recent fiscal year, the CISSS made major efforts to recruit personnel and stabilize the composition of its teams.

Improving Access to Services

In an effort to integrate services and, in turn, simplify and improve access for citizens, the CISSS endeavoured to maximize the resources available to resurrect its service offer. As such, it conducted a complete review of access mechanisms in place for all of its service programs. For example, the CISSS worked hard to improve user experience in terms of navigating the system. This work called on all of the institution's departments, which all implemented several important measures to promote a seamless flow in the care and services to be offered.

As an example, please refer to the table below, which summarizes results obtained in several different operational sectors.

Improved Access to Services	
Operational Sectors	2016-2017 Results
Reduced wait times in Emergency Departments	- 3 hours at the Pierre-Le-Gardeur Hospital - 0.5 hour at the Centre hospitalier régional de Lanaudière
Improved access to family doctors	76% of the population had a family doctor on March 31, 2017, compared to 63% on March 31, 2015
Improved access to youth and family services	Waiting list shortened by 20%
Improved access to mental health services for adults	Primary health care services waiting list shortened by 50% and secondary services waiting list shortened by 77.8%
Improved access to and intensification of home care services	Increase of HC services beneficiaries by 10.4% and increase of hours in HC services offered by 5.4%
Improved access to residential and long-term care resources	Creation of 72 additional places, 32 in long-term care centres, 31 in rehabilitation centres and 9 in mental health care centres
Improved access to diagnostic testing	+ 27% for MRI + 17.7% for CT-Scan + 6.4% for ultrasound

Medical Services

Also, with the enactment of the *Act to enact the Act to promote access to family medicine and specialized medicine services and to amend various legislative provisions relating to assisted procreation*, the re-engineering of the medical services offer in hospitals and within the community, namely by establishing close ties with Family Medicine Groups (FMG) and University Family Medicine Groups (U-FMG), improved access to services. Users now benefit from quicker access to care, within their immediate environment, and are referred, if need be, to the appropriate services.

In order to properly meet all of the population's needs, the CISSS also implemented measures aimed at maintaining or reviewing access to interregional service corridors, specifically in terms of health institutions offering tertiary care.

Surgery

The access plan of the CISSS for 6-month surgeries and surgeries under one year is underway in order to meet departmental targets.

Acute Physical Care

The CISSS also worked towards improving user experience in terms of navigating the system, namely for those receiving acute physical care services. For patients requiring rehab after a surgery, for example, this work contributed to reducing the length of hospital stays. Work on improving user experience when navigating the system is, at the risk of being repetitive, a key component in coordinating hospitalized patients no longer requiring acute care and ensuring quicker referrals to alternative services offered outside of the hospitals.

Intellectual Disability, Autism Spectrum Disorder and Physical Disability

2016-2017 was a decisive year in terms of organizing services offered to clientele with intellectual or physical disabilities and autism spectrum disorder. Firstly, the CISSS achieved the targets set out in the departmental access plan and, with a focus on improving the service offer, it implemented different clinical strategies to build on best practices, both on a management level as well as in the frontline. These initiatives were simply the starting point. The priorities for the upcoming year are as follows: offering locally based services, adapting and diversifying residential care centres, supporting families with respite services and developing social and professional activities.

Residential Care Resources

In addition to the results presented in the table above, it should be mentioned that the CISSS reassessed the youth care services corridor and is currently reviewing a scenario that involves diversifying the places available in residential care centres to better meet this clientele's particular needs, namely those with autism spectrum disorder.

Finally, following a thorough analytical process, the CISSS tightened its selection criteria for intermediary resources (IR) and family type resources (FTR). Senior management is now exclusively responsible for overseeing these types of resources. The purpose of this decision is to provide the flexibility required to ensure proper dispatching and to diversify the types of residential resources available, which has already been achieved. Furthermore, this measure allows the CISSS to better meet the Ministry's expectations, namely with regard to maintaining a register of IRs and FTRs that have entered into an agreement with the institution.

Improvement of the Service Offer

While work to improve access was underway, work on improving the service offer was also ongoing.

Mental Health

As such, in the field of mental health, collaborative work with community partners intensified in an integrated manner. Several investments were made to help define partnerships with the signature of new agreements governing homelessness, substance abuse issues and interventions in cases of sexual abuse. Notably, the partnership between Bell and both the Lanaudière North and South foundations has led to the creation of group support programs within the community to help people living with borderline personality disorders.

Youth and Family Services

In 2016-2017, just like in the rest of the province, there was an increase in reports filed with the Direction de la protection de la jeunesse (Child Protection Services) in Lanaudière. Work is therefore underway in youth services to pinpoint the causes of this trend and to stem its effects, namely by reprogramming frontline services available to youth.

Furthermore, to support overloaded youth protection teams struggling with increased reporting, the CISSS created a mobile team composed of six senior-level case workers who are qualified to manage multifaceted problematic situations. This innovative model helped limit the impacts of increased demand in child welfare cases.

With a constant focus on improving the youth protection service offer, the Crise-Ado-Famille-Enfance (CAFE) program, implemented in CLSCs, has been integrated to the *Direction de la protection de la jeunesse*. As such, teams equipped to work in crisis situations can now help more children.

Major efforts were made to provide the population with one single entry point allowing access to all available youth and family services. A team of clinical practitioners therefore worked very closely with child psychiatrists to renew the service offer in this field.

A group home for “troubled youth” with 16 available places was launched in Lanaudière South.

With respect to services offered to the Atikamekw of Manawan community, the CISSS is currently working on renewing the service agreement.

Finally, the CISSS adopted new guides to support the socio-judicial practice.

Intellectual Disability, Autism Spectrum Disorder and Physical Disability

For clientele with intellectual or physical disabilities and autism spectrum disorder (ID-ASD-PD), the CISSS established a partnership with contributors from the community to improve the residential resources offer available to people with multiple disabilities. DIANOVA is now in a position to cater to these special needs users.

In addition to having improved residential resources for the ID-ASD-PD clientele, work on diversifying specialized respite services for parents and caregivers in need continued.

Colorectal Cancer

In 2016-2017, the CISSS started its work in view of implementing the Programme québécois de dépistage du cancer colorectal (Quebec Colorectal Cancer Screening Program) planned for 2018.

Residential and Long-Term Resources

In the last fiscal year, the Ministry visited three residential and long-term centres located in Lanaudière South. Following recommendations issued during these meetings, the CISSS undertook important work aimed at ensuring the continuous improvement of services offered to this clientele.

In accordance with the Ministry’s plan, the CISSS worked on implementing the new nutritional offer available in residential and long-term centres. Based on the progress of such work, it is safe to say that the deadlines to have new menus that comply with issued directives in place in all the institution’s residential and long-term care centres will be met by March 2018 at the latest.

Thanks to a \$2,805,600 investment, 72 new employees will be joining the teams working in residential and long-term centres for patients with decreasing autonomy, namely 68 nursing aides and 4 nurses.

The CISSS and its Community Partners

In order to make sure the Politique gouvernementale de prévention de la santé (Government's Policy on Health Prevention) is launched, the CISSS continues to mobilize its cross-sectoral partners. In this respect, Lanaudière takes advantage of its close ties developed over the years with community partners, namely through its public health teams, and this means municipalities, schools and community partners. With the level at which public health services are integrated into the institution's global service offer, the Lanaudière region stands out, which bodes well for the launching of the new policy.

Since it was created, the CISSS has managed to continue the tradition of being present within the community. As such, its community organizers (CO) take part in every table and partnership forum; therefore facilitating collaborative ties in the public health service offer as well as the institution's global service offer. The CISSS firmly believes in this promising method of intervention. To adapt its actions, the CISSS therefore relies on its COs' assessment of psychosocial or other issues arising within its communities.

These regional characteristics also affect the implementation of the Regional Public Health Action Plan, adopted in December 2016, which resulted from a widespread community consultation to best reflect the unique characteristics of the region and to properly meet its needs.

In collaboration with its community partners, the CISSS developed a financing framework and a management framework to govern the granting of subsidies under the Programme de soutien aux organismes communautaires (PSOC) (Support Program for Community Organizations). The institution's board of directors adopted both frameworks in June 2016. Thanks to these innovative management tools, the CISSS can better manage the subsidies granted to community organizations all the while securing their cooperation.

Access to Services in English

During the last fiscal year, the CISSS de Lanaudière continued its work with the English community to update its Plan to ensure access to services for the English-speaking population living in Lanaudière.

A committee involving the institution's different departments as well as some members of the board was also established to continuously examine the service offer to ensure that it meets expectations conveyed in this regard.

With previously translated documents that were deemed unacceptable or requiring minor adjustments, sixty or so documents were reviewed. Also, approximately fifty new documents relating to accessibility of services were translated.

It should be noted that, in 2016-2017, drafting of the new Access to Health and Social Services in the English Language Program has commenced, the whole according to the manner prescribed by the MHSS.

Organizational Changes

Corporate Governance

During the course of the year, the CISSS de Lanaudière completed its work in view of

creating several board committees with a focus on the individual mandates of all such committees. As such, the CISSS has given these committees a predominant corporate governance role within the institution, a guiding principle that also applies to its Users' Committee. As a matter of fact, the CISSS had several meetings with its Users' Committee and is currently establishing the content and schedule for public forums set to begin in fall of 2017.

Management of Clinical Information

As for technology, major work commenced in order to respect implementation deadlines for Cristal-Net, the new clinical information management application used within Quebec CISSSs and CIUSSSs.

Project to Optimize Biomedical Services (Optilab)

In 2016-2017, through the Project to optimize biomedical services, Optilab, the action plan to proceed with the administrative consolidation of nine labs located in Laval, Lanaudière and the Laurentians continued to move forward. All throughout the year, the three regions involved held several meetings. As such, members of personnel affected by this transfer were met several times in order to ensure a smooth transition by the expected realization date, April 1, 2017.

Human Resources

As for Human Resources, two areas kept the CISSS HR teams very busy. A recruitment blitz to fill open positions within the organizational structure required the contribution of forty or so members of management. This extensive recruitment process led to the hiring of over 700 resources, whether it be nurses (including nursing aides) or personnel in the psychosocial or administrative sectors. In the same vein, work related to managing workplace attendance continued in order to reduce the impact of having to reorganize services in cases of absenteeism.

Finally, to promote regular access to a sufficient number of qualified personnel, the CISSS completely re-engineered its recruitment and internship management system.

Lanaudière: A Region that Stands Out

Throughout its work to transform the health network and meet departmental targets, it is important to mention the accomplishments and recognition that cause the CISSS de Lanaudière to stand out among other institutions. Here are a few:

MHSS Award for Excellence

At the 34th Edition of the *Prix d'excellence du MSSS* (MHSS Awards for Excellence), the CISSS received an honourable mention in the *Personnalisation des soins* (Personalization of Care) category for its Vélo-tour project. Available for users with decreasing autonomy living in residential and long-term care centres, this project allows the elderly to get out and about and be chauffeured around the neighbourhood on bicycles that are adapted to their condition.

Hippocrates Awards

Two CISSS teams stood out at the 2016 Edition of the Hippocrates Awards. After adopting a multidisciplinary approach for preventing *Clostridium difficile* infections, Dr. Pierre-Jean Maziade, a microbiologist at the Pierre-Le-Gardeur Hospital, won the award for a team of health professionals who succeeded in implementing the best practices to ensure the health and well-being of patients. Also, Dr. Sébastien Hains, a podiatrist, and the entire team at the Centre hospitalier régional de Lanaudière, received an honourable mention from the jury for establishing an interdisciplinary care team who caters to diabetics with sores.

2016 Cancerology Award

At the annual convention of the Quebec Cancerology Network, Dr. Laurence Éloy, medical advisor at the Department of Preventative Medicine and public health representative in the regional cancerology committee, Dr. Jacques Laplante, hematologist-oncologist, Mrs. Astrid Mageren, clinical and administrative coordinator of cancerology, endoscopy and cancer surgery programs together with their counterparts at the CISSS de Laval and des Laurentides won the 2016 Cancerology Award in the *Évolution de la pratique* (Evolution of the Practice) category for their Annual 3L (Laval, Laurentides and Lanaudière) Cancerology Seminar: a day of training and networking for primary care health professionals and cancerology teams.

Publication Award

The *Prix publication – Recherche* (Publication Award - Research), from the Ordre des des psychoéducateurs et des psychoéducatrices du Québec was presented to Mr. Claude Julien, a CISSS special education technician working with troubled youth and to Mr. Jonathan Bluteau, psychoeducator and professor at UQAM for their *In Vivo* project, which is an original intervention program to help teens deal with their anxiety, depression or aggression. The Publication Award recognizes a publication aimed at improving the practice with knowledge development.

AGESSS Award for Excellence

The *Association des gestionnaires des établissements de santé et de services sociaux* (AGESSS) presented the Award for Excellence to Mrs. Chantale Marchand, head of the youth centre's in-house rehabilitation department, for her community involvement, both within her institution as well as her sector of operations.

Partnership with the School System

The CISSS donated a piece of land adjacent to the Centre hospitalier régional de Lanaudière to the Commission scolaire des Samares (Samares School Board). The school board is in the process of constructing a new building which will serve as a professional training facility in the following fields: health, nursing assistance and care, home support services, patient support services, health care workplace hygiene and sanitation and technical support in a pharmacy setting. The health and social services network and school system will use this mobilizing and collaborative project to work together in order to train future recruits in several different fields of employment in hopes of increasing the recruitment and retention of qualified staff for years to come.

Homelessness

In the wake of the Inter-Departmental 2015-2020 Homelessness Action Plan, the CISSS de Lanaudière assembled its employment, education, revenue, housing, community and municipal affairs partners to remind them of the necessity of establishing regional cross-sector collaboration between all players in order to efficiently broach this complex social phenomenon. The participants proposed a diverse set of actions to prevent and reduce homelessness in the region. Everyone acknowledged the importance of harmonizing the actions taken in order to adequately meet the needs and reality of the homeless or those at risk of becoming homeless. At this meeting, the CISSS reaffirmed its commitment to taking on the leadership of and providing support for the collaboration plan and coordination of regional action against homelessness.

Clinical and Legal Symposium for Youth

An annual informational meeting was organized with several different partners to explain available services to youth who are being monitored in accordance with the *Youth Protection Act* and the *Youth Criminal Justice Act*. These meetings allow partners to improve the consistency of and coordinate services to better serve this young clientele.

Innovative Equine Therapy Project

Residents living in youth centres took advantage of an innovative approach aimed at improving their self-esteem thanks to equine therapy. A team of 7 grads who received their special education diploma from the Cégep régional de Lanaudière selected 7 children aged from 9 to 16 years old to partake in 7 assisted workshops with horses. This method serves as an intervention tool.

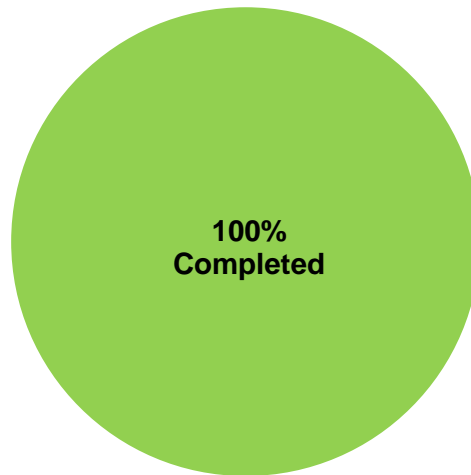
Clinical Tools to Support Autonomy

Physiotherapists have developed a clinical tool to allow staff and loved ones to help elderly patients who are hospitalized get up and out of bed. This tool is simply a walking emulation grid to motivate and help this clientele take their health into their own hands. It was also adapted for use with less autonomous and mobile clientele in the hospital.

Management and Accountability Agreement: The Results

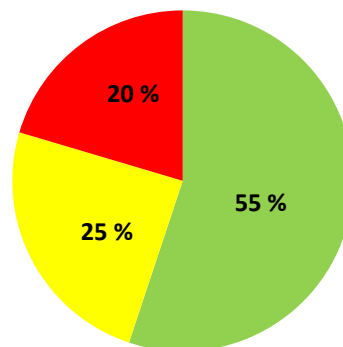
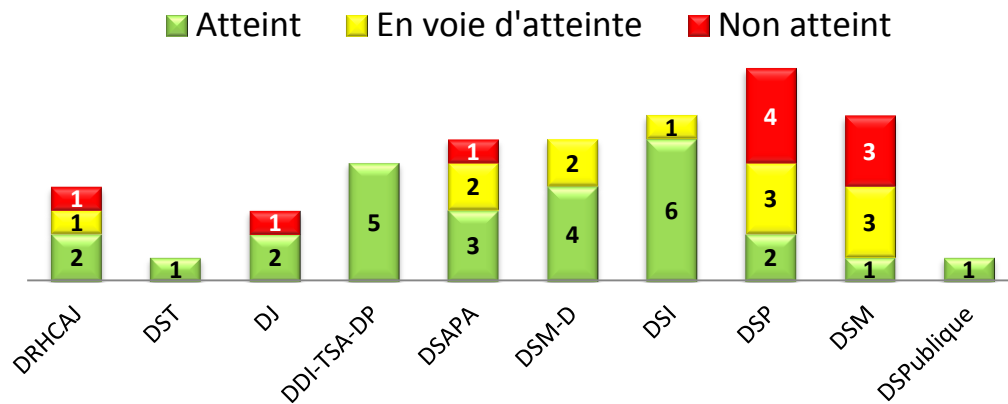
Achievement Rates for Specific Expectations

Departments (French only)				
	Completed	In progress	Suspended/Cancelled	Total
D. générale			1	1
D. qualité, évaluation, performance et éthique	1			1
D. services techniques	4			4
D. ressources informationnelles LLL	1			1
D. programme jeunesse	1			1
D. DI-TSA-DP	2			2
D. SAPA	3		1	4
D. santé mentale et dépendance	1		1	2
D. soins infirmiers	1			1
D. services professionnels	1		3	4
D. services multidisciplinaires	1			1
D. santé publique	1			1
Total	17	0	6	23



Realization of Undertakings Set Out in Management Indicators (Chapter IV)

Departments (French only)				
	Completed	In progress	Uncompleted	Total
D. ressources humaines, communications, Affaires juridiques	2	1	1	4
D. services techniques	1			1
D. programme jeunesse	2		1	3
D. DI-TSA-DP	5			5
D. SAPA	3	2	1	6
D. santé mentale et dépendance	4	2		6
D. soins infirmiers	6	1		7
D. services professionnels	2	3	4	9
D. services multidisciplinaires	1	3	3	7
D. santé publique	1			1
Total	27	12	10	49



Application of the End-of-Life Care Policy

Financial Year: 2016-2017 from December 10, 2015 to December 9, 2016ⁱ

Medical Act	Requested Information	Number
Palliative and end-of-life care** (PEOLC)	Number of people in palliative and end-of-life care in hospital	646
	Number of people in palliative and end-of-life care in long-term care centres (CHSLD) for the year.	446
	Number of people in palliative and end-of-life care at home	1,259
	Number of people in palliative and end-of-life care in palliative care hospices	157
Continuous Palliative Sedation (CPS)	Number of continuous palliative sedations administered	18
Medical Aid in Dying (MAD)	Number of requests for medical aid in dying filed	63
	Number of medical aid in dying procedures administered	34
	Number of non-administered medical aid in dying procedures and grounds: <ul style="list-style-type: none"> ○ 7 users were not at the end-of-life ○ 8 users passed away before the conclusion of the process ○ 2 users did not appear to be experiencing unbearable physical or mental suffering ○ 8 became mentally incompetent during the course of the process ○ 2 changed their minds during the course of the process ○ 1 expressed wishes to bypass the process ○ 1 user is under assessment¹ 	29
<p>NOTES</p> <p>* In accordance with Section 73 of Act 2, as of the coming into force of Act 2 and for 2 years thereafter, executive directors of institutions must report every six months to their board of directors. The institutions shall then forward the report to the Commission sur les soins de fin de vie. Reports dated June 10, 2016, December 10, 2016, June 10, 2017 and December 10, 2017 were sent to the appropriate bodies.</p> <p>** Whereas it is not currently possible to identify people at the end-of-life who have received palliative care (Act 2, Chapter I, Section 3), the new information requested, namely the number of people receiving PEOLC determined by information from national data banks will provide a fair idea of the number of people receiving PEOLC by type of care facility.</p> <p>ⁱ Please note that the 2016-2017 Annual Report exceptionally includes the period between December 10, 2015 to December 9, 2016 due to the enactment of the Act respecting end-of-life care on December 10, 2015.</p>		

Human Resources as at March 31, 2017

¹ As at December 9, 2016.

PERSONNEL WITH PERMANENT POSITIONS

	Current Year
Management (Note 1)	293
Non-Management Staff (Note 1)	7,899
Total – Employees with permanent positions	8,192

PERSONNEL WITH SHORT-TERM POSITIONS (CASUAL)

	Current Year
Full-time position equivalences (Note 2)	1,789

Total

	Current Year
Total – Number of employees with permanent positions and full-time casual position equivalences	9,981

Note 1: includes full-time and part-time employees as well as employees benefiting from job stability measures.

Note 2: full-time equivalences can be an approximation if the institution uses the simplified calculation method, which consists of dividing the total number of hours paid out by 1,827 or 1,834 (leap year).

Community Organizations

In 2016-2017, the CISSS de Lanaudière financed 174 health and social services community organizations under the Programme de soutien aux organismes communautaires (PSOC) (Support Program for Community Organizations).

In accordance with CISSS procedures, an e-mail is sent to all recognized community organizations to remind them that they have to forward their accounting documents to the institution within the 3-month (or 90-day) period following their fiscal year-end. The CISSS sends the Ministry's document regarding accounting at the same time.

Furthermore, CISSS procedures require that the institution send a letter with feedback to each organization within four months after receiving their accounting documents. This letter to the organization's Executive Director stipulates which documents are late or non-compliant with CISSS requirements and which components may be missing from the operational report. For the next year, the CISSS will remind the organization of the deadlines established in the financial support agreement and of the corrective measures that need to be applied to the different documents. This information is compiled and forwarded to the MHSS if required.

Also, collaborative work between community organizations and the CISSS continued, in 2016-2017, via the TROCL-CISSS Committee, which met five times. One of the most important files of the year was the drafting of a memorandum of understanding regarding the financing of specific activities in connection with the PSOC or with program departments when mandates were granted to community organizations in response to priorities or regional orientations. The CISSS also reviewed all agreements governing specific activities under the PSOC and implemented over the last few years. It also decided to transfer 60% of the funds allocated under these agreements, close to one million dollars, to the overall mission branch.

Financial Results

Year ended on March 31, 2017

2016-2017 FINANCIAL STATEMENTS INCOME STATEMENT (ALL FUNDS) (\$)

	Budget	Operations	Capital Assets	Total	
		Current Year	Current Year	Current Year	Previous Year
Income					
MHSS Subsidies	824,002,147	809,809,852	26,514,276	836,324,128	824,751,887
Government of Canada - Subsidies					
User Contributions	46,339,465	49,743,347		49,743,347	46,774,474
Sales (services) and Recoveries	11,365,259	12,509,796		12,509,796	12,325,172
Donations	1,650,600	38,649	1,842,134	1,880,783	2,910,935
Investment Income	91,800	217,603	11,286	228,889	324,225
Commercial Revenue	7,243,290	6,882,518		6,882,518	7,333,466
Gain on Disposal of Assets			101,118	101,118	207,382
Other Income	10,321,641	12,260,364	232,175	12,492,539	11,879,604
Total Income	901,014,202	891,462,129	28,700,989	920,163,118	906,507,145
Expenses					
Salaries, Benefits and Payroll Taxes	556,972,040	566,216,389		566,216,389	561,513,799
Medication	22,145,907	22,704,857		22,704,857	23,318,026
Blood Products	14,390,145	21,045,222		21,045,222	14,888,136
Medical and Surgical Supplies	29,892,197	31,120,416		31,120,416	29,126,218
Food	7,015,169	7,089,110		7,089,110	6,850,075
Remuneration Paid Out to Non-Institutional Resources	82,120,680	77,472,248		77,472,248	77,124,837
Financial Expenses	8,969,417	104,568	7,332,865	7,437,433	8,338,758
Maintenance and Repairs, including Non-Capital Expenses on Capital Assets	12,640,592	11,891,832	725,220	12,617,052	11,870,404
Bad Debt Expense	405,360	2,457,443		2,457,443	1,290,407
Lease and Rental Expense	20,468,817	21,777,252		21,777,252	22,545,202
Amortization of Capital Assets	23,500,000		20,187,470	20,187,470	20,493,425
Loss on Disposal of Capital Assets	200,000		267,983	267,983	438,334
Transfer Expense	36,364,982	37,929,963		37,929,963	38,869,774
Miscellaneous Expenses	85,866,669	86,314,894		86,314,894	82,433,599
Total Expenses	900,951,975	886,124,194	28,513,538	914,637,732	899,100,994
SURPLUS (DEFICIT) FOR THE YEAR	62,227	5,337,935	187,451	5,525,386	7,406,151

**Centre intégré
de santé
et de services sociaux
de Lanaudière**

Québec 