

Centre intégré de santé et de services sociaux
de la Montérégie-Ouest



The foundations of change

2016-2017 Highlights
Annual Management Report

The CISSS de la Montérégie-Ouest—2 years already!

After two years of existence, 2016-2017 was once again marked by major efforts in terms of changing and standardizing the organization. We have put foundations in place that will take us into the future and remind us of the principal rationale underlying these major changes, i.e. to enable us to integrate health-care services and simplify the pathway experienced by our clients. Much has been done to achieve this vision. Thanks to various organizational initiatives, the added value of combining our efforts to better integrate healthcare and other services has been felt throughout the year. In the pages that follow, you will discover the enormous work invested by the teams that carried out these great achievements.

Board of Directors

The Board of Directors has been very active this year. It adopted numerous regulations and policies and closely examined several organizational issues concerning, among others, accessibility and quality of care and services, human resources, and the budgetary situation. We also note the holding of the first-ever public information session on the theme of the elderly in front of an audience of nearly 80, including partners and media representatives. Using a panel format, internal invitees paired with partners to discuss current challenges to providing better service for this ever-growing clientele. It was a great event, which the board members feel most proud about.

Balanced budget

We are very pleased to announce again this year that the CISSS de la Montérégie-Ouest has maintained a balanced budget. During the 2016-2017 fiscal year, a surplus of \$460,433 was generated in a total budget of \$740 million.

Some highlights

During the past year, each department has explained their service offer and presented their rationale, their different mandates and sectors of activity, along with their respective modes of operation. A philanthropic committee was set up to establish a platform for exchanges between the organization and representatives of foundations. The CISSS de la Montérégie-Ouest has defined its priority objectives for 2016-2017 along six themes: prevention and



healthy lifestyles, accessibility, continuity, quality and safety, human potential and efficient management of resources. For each of them, several organizational projects have been planned, for which the teams have invested time and energy.

Human potential at the core of our concerns

Challenges in terms of human potential (human resources) remain especially important, particularly in a period of change management and staff shortages for many job categories in the health and social services network. To counter this, a plan for attracting and retaining staff has been developed. In addition, the importance of having a process of employee recognition is paramount. October 2016 marked the inauguration of Recognition Month at the CISSS de la Montérégie-Ouest. Throughout the month, activities were organized to highlighting the excellence of the work undertaken on a daily basis by the organization's employees and doctors. The integration of our care and services was the object of a series of clinical and administrative reorganizations: development of the management philosophy, deployment of steering rooms, development of the Vaudreuil-Soulanges Hospital project, etc.

Chair of the Board,

Claude Jolin

President and CEO,

Yves Masse

The Change Support Team is dedicated to facilitating organizational change and monitoring expected outcomes. In keeping with a desire to prioritize communications and change management, the team has this year adopted a permanent consultation structure. This new feature makes it possible to take into account the evolutionary nature of change and deal with the realities of the field. It is with this in mind that advisory bodies have been set up that represent each of the main strengths of our organization—staff, doctors, managers, unions, users' committee and professional councils.

This consultation model feeds into the choice of strategies facilitating the implementation of the various activities of the overall plan for change. The bodies are also consulted to validate various aspects of large organizational projects.

Consultation can take many forms:

- Electronic surveys
- Workshops
- Focus groups

This source of information is the preferred mode of sharing. Participants are stakeholders that can influence decisions and thereby contribute to organizational change.

In order to monitor the evolution of the overall change plan and the implementation of its various activities, a team was set up composed of liaison officers representing each of the departments.

The liaison agents were given the following mandates:

- To monitor actions in the change action plan that affect their department
- To share their needs for support in the process of change
- To act as a pipeline for information to the change support team

The wish is to create a communications dynamic and a synergy between departments so as to establish the practice of sharing success stories and discussing best practices. Most of the actions envisaged in the overall change plan were carried out within deadlines. The plan is monitored periodically in the strategic steering room and results are communicated to all staff and doctors through the publication

of a specific tool—*The Path to Change* (available internally via the newsletter and on the temporary intranet portal).

In accordance with the guidelines of the Ministère de la Santé et des Services sociaux (MSSS), the mandate of the change support team ended on March 31, 2017. However, considering the extent of change, the organization chose to maintain a temporary structure to ensure a transition towards permanent change. This structure took the form of a temporary committee reporting to executive management.

The change steering committee thus created is mandated to initiate coordination mechanisms to support the organization during the process of change in order to:

- Ensure the continuity of the change project as part of the implementation of the *Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (LMRSSS)*
- Ensure the implementation of changes relating to priority projects and ministerial projects
- Join forces to assess, consolidate and sustain the results of improvements
- Communicate appropriate information in a timely manner



CREATE THE FUTURE TOGETHER



The change steering committee is composed of Mélissa Lachance, Patrick Dubois, Stéphane Dubuc, Marie-Ève Bernard, Stéphanie Thibert and Genevieve Boileau

Mission

The mission of the CISSS de la Montérégie-Ouest, in conjunction with that of the MSSS, is to maintain, improve and restore the health and well-being of the Quebec population by making accessible a high-quality set of integrated health and social services, thereby contributing to the social and economic development of Québec.

Vision

The vision is as follows—accessible and efficient health care and services that answer the needs of Quebecers.

Ambitions

The ambitions of the CISSS de la Montérégie-Ouest were established in order to share a common understanding of its mission and to appropriate and achieve the ministerial vision as defined in its 2015-2020 strategic plan. Accordingly, our ambitions are expressed as follows:

- The CISSS de la Montérégie-Ouest achieves its ambitions by daring to innovate in its operating procedures. It will stand out and become known for:
 - Its high-calibre program of care and local services designed to be interdisciplinary, accessible and tailored to the needs of the population
 - Its courage to question and improve its professional, clinical and management practices
 - Its recognition of the contribution of staff and the implementation of human management practices
 - Its strong links with its partners

Values

Five balanced and interdependent values have been selected. The CISSS de la Montérégie-Ouest has decided to embrace these values and get managers, employees, doctors and volunteers to share them because they will gather widespread support.



In keeping with its mission, vision, ambitions and organizational values, the CISSS de la Montérégie-Ouest developed its management philosophy in consultation with its managers and staff. This management philosophy is more than just a statement. It imbues and energizes the day-to-day actions of the institution's team of managers and department heads.

Management principles

The following management principles, adopted by the CISSS de la Montérégie-Ouest, are the framework for the actions and decisions of managers and department heads.

1. Constant attention to value-added care and services for clients
2. Proximity management imbued with humanism and mutual aid
3. Sound management focused on achieving results
4. An enduring passion for continuous improvement

Management practices

The CISSS de la Montérégie-Ouest has adopted management practices that express our four management principles. These practices based on valued behaviours will serve as leverage to achieve management objectives.

1. Communicate
2. Involve and collaborate
3. Manage performance
4. Stand out
5. Put the customer at the centre of our actions
6. Offer recognition and support
7. Be a model

Statement of Management Philosophy

“The management philosophy of the CISSS de la Montérégie-Ouest is humanistic and guided by our constant desire to question practices and strive for excellence in care and services for our clients. We respect people and value everyone's contribution to achieving our collective results.”



Direction des programmes Jeunesse et des Activités de santé publique

The ÉQUIPE program (*Étude québécoise de l'intervention parentale chez les enfants québécois avec des problèmes de comportement*/Quebec study of parental intervention for children with behavioural problems) has been in place since May 2016. With the collaboration of CHU Sainte-Justine and their support for the ÉQUIPE teams with a training and research program, management professionals created six cohorts of parents in the Vaudreuil-Soulanges territory, with two more cohorts in the Jardins-Roussillon territory. These groups of up to 25 parents nurture the development of parenting skills, strengthen relationships with children, boost cooperation and help solve problems at home. After the intervention of the ÉQUIPE groups, 40% to 50% of parents no longer needed services for their children from mental health and youth programs.

Direction des programmes Déficiences

The first Disability Action Plan for the CISSS de la Montérégie-Ouest has been drawn up. Its objective is to reduce obstacles to achieving full integration of users and employees with disabilities.

Direction du programme Soutien à l'autonomie des personnes âgées

Faster care delivery and additional home care and assistance lead to a significant reduction in the length of stay for older people whose condition requiring acute care is stabilized. Thanks to the *Destination milieu de vie* project, the vast majority of accommodation requests for people experiencing advanced loss of autonomy are now made from home and no longer from hospital, to the great benefit of our clientele. In concrete terms, at the beginning of the fiscal year, over 15% of our short-term beds could be occupied by patients who were at an alternative level of care (ALC), whereas by March 31st, 2017, the average per period had fallen to 8.6%.

Direction des programmes Santé mentale et Dépendance

A Cognitive Remediation Program was put in place (this project under review concerns "The Synapse Program" currently underway in the United States). Translated and adapted by the researchers Dr. Geneviève Gagnon, neuropsychologist at the Douglas Mental Health University Institute, in collaboration with Dr. Marjolaine Masson, neuropsychologist and associate member of the McGill University Institute, the program aims to improve cognitive functioning by teaching strategies that promote prioritization, planning and organization. The target clientele for this study in adult mental health and addiction must have a stabilized state of dependence. Two groups participated in the 10-week project that started in September 2016, while two others started in January 2017.

Direction des soins infirmiers et de l'enseignement universitaire en soins infirmiers

Active support was provided for implementing the right of nurses to prescribe medications. The number of nurses with prescriber status working in sectors under the jurisdiction of the CISSS de la Montérégie-Ouest is estimated to be around 160. They enable us to optimize interventions for the clientele in our territory and to avoid fragmentation of our service offer, while reducing delays in care delivery. They work mainly in community care and are authorized to prescribe certain medications or laboratory tests for specific clinical situations in the areas of wound care, public health and common health problems.

Direction des services professionnels et de l'enseignement médical

The reorganization of technical platforms in medical imaging has had a favourable impact for our clientele in terms of reduced wait times:

- The transfer of a cardiac ultrasound scanner to Hôpital Anna Laberge now enables six more patients per day to be seen, which comes to about 1,500 patients per year. In half a year, wait times have gone from 54 months to around 5 months.
- The transfer of a general ultrasound scanner to Hôpital Anna Laberge now enables 14 more patients per day to be seen, which comes to about 3,500 patients per year. In addition, more time slots on weekends (since December 18, 2016) make it possible to see an average of 20 emergency patients per weekend (decongestion).
- The transfer of a cardiac ultrasound scanner to Hôpital du Suroît allows for 20 more examinations per week and inaugurates a service offer for transesophageal examinations (13 cases to date since December 2016).
- Optimizing the scanner at Barrie Memorial Hospital enables 10 to 15 more patients per day to be seen, which comes to around 3,000 patients per year. Wait times went from 6 months to under 3 months. At Hôpital Anna-Laberge, the reorganization of technical platforms in medical imaging made it possible to reduce wait times from 12 months to under 6 months.
- The opening of MRI rooms in the evenings, thanks to funding from the MSSS, enabled the institution this year to see approximately 2,500 more patients in 5 months. Wait times have declined overall from 10 months to under 5 months.

Direction des services multidisciplinaires et de l'enseignement universitaire

An in-depth assessment of the leave-planning process in the three hospitals of the institution was conducted. Many stakeholders, managers and physicians participated in the process and helped to highlight elements needing to be remedied and best practices to maintain. A full report was tabled with recommendations for implementing adjustments to harmonize and improve the leave-planning process. Guidelines are being drawn up and are being tested in a pilot project since March 2017.

Direction de la qualité, de l'évaluation, de la performance et de l'éthique

Improving the measurement of performance indicators to better support our interventions with clients is a continuous team effort. The performance team supported all departments in defining monitoring indicators, especially the range of actions in operations determining indicator results. This exercise enables us to go beyond simply monitoring the indicators, allowing us to analyze what lies behind the figures.

Direction des services techniques

The harmonization and optimization of the work of on-call managers of the establishment have been completed. Three tactical levels were created: clinical-administrative, professional services, and emergency measures and civil security. A new tool (an electronic version of the necessary tools for the on-call managers) has also been deployed to support in-service managers.

Direction de la logistique et des ressources informationnelles

Setting up a transportation centre to optimize the management of the client transportation process now allows for better planning and use of client accompaniment.

Direction des ressources humaines, des communications et des affaires juridiques

Last March saw the first day of consultation on access to care and services in English, bringing together the main anglophone stakeholders in the territory of Montérégie-Ouest. In addition to being an opportunity to network with our partners and improve collaboration, the objective of this broad consultation was to exchange ideas on best practices and help update the CISSS de la Montérégie-Ouest program of access to health care and social services in the English language.

Direction des ressources financières

The preparation of the first consolidated budget and the first annual financial report of the CISSS de la Montérégie-Ouest have been completed.

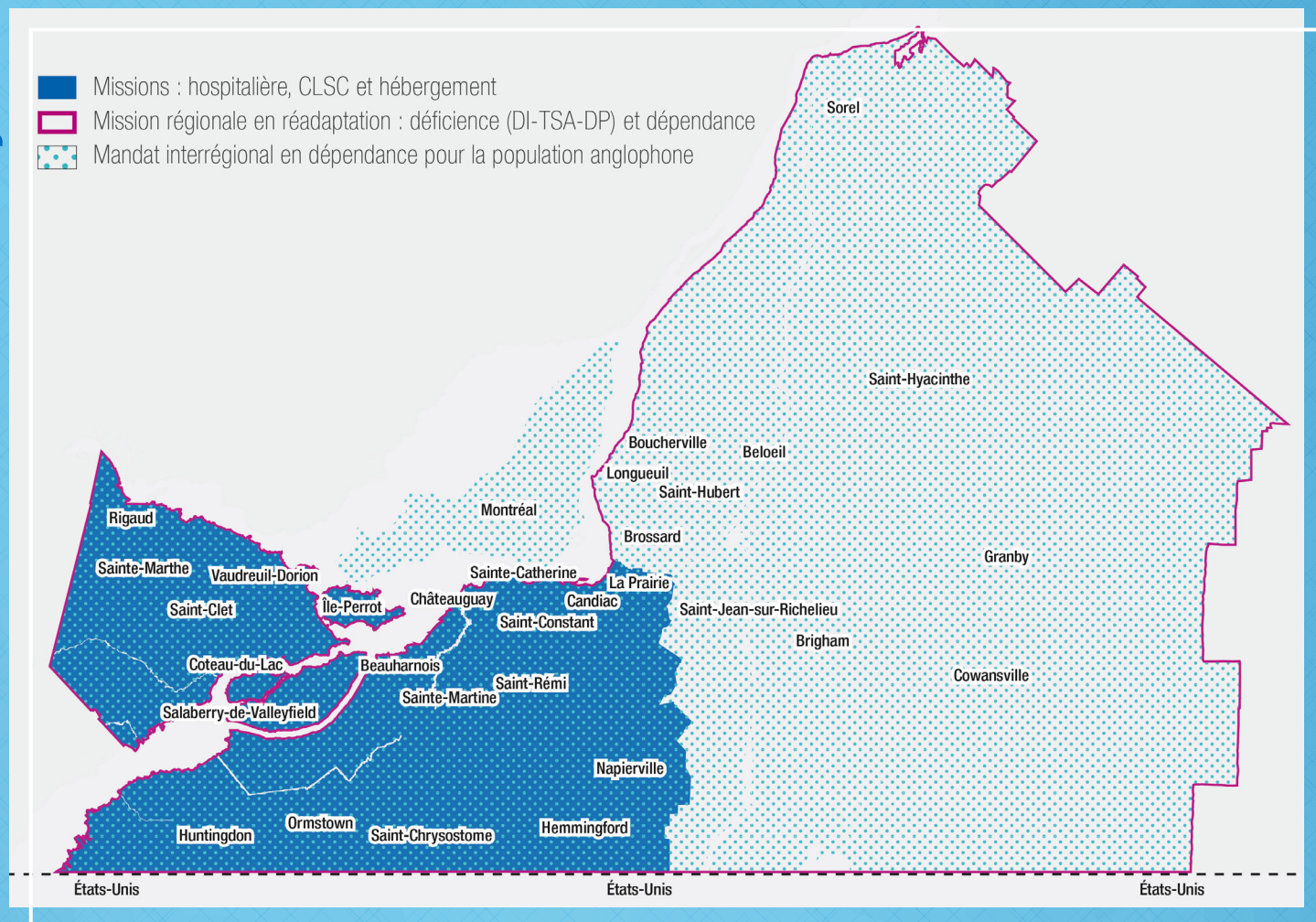
The members of the quality teams for the accreditation process



	Budget 2016-2017 \$	Real Budget March 31, 2017 \$
REVENUE		
MSSS funding	638,335,935	647,975,699
Client contributions	55,157,745	54,914,965
Other income	27,261,819	26,742,757
TOTAL INCOME	720,755,499	729,633,421
EXPENSES		
Salaries, benefits and payroll tax (MERCs)	478,224,198	484,212,646
Medications and medical supplies	36,780,739	44,830,781
Remuneration paid to non-institutional resources	83,655,614	82,656,560
Rents, maintenance and repairs	25,356,993	27,379,463
Other expenses	98,768,340	89,891,107
TOTAL EXPENSES	722,785,884	728,970,557
Subtotal	(2,030,385)	662,864
Corrective measures	2,030,385	—
SURPLUS (DEFICIT) FOR THE YEAR – OPERATING FUND	—	662,864
SURPLUS (DEFICIT) FOR THE YEAR – CAPITAL FUND	—	(202,431)
TOTAL FOR FINANCIAL YEAR	—	460,433

“This year, thanks to the major effort invested by the teams, the CISSS de la Montérégie-Ouest generated a budget surplus of **\$460,433**.”

CISSS de la Montérégie-Ouest territory



Our 129 facilities include:



3

Hospitals

5

Outpatient clinics and
mental health day centre

11

CLSC for addictions

11

Rehabilitation facilities



11

Residential centres

54

Rehabilitation facilities for
intellectual disabilities and
autism spectrum disorder

3

Out-patient service
centres

12

Rehabilitation facilities
for physical disabilities